The Impact of Philanthropy on the Passage of the Affordable Care Act

Benjamin Soskis

I. **Introduction**

Report Aims:

This report has two aims. First, it seeks to examine the role of philanthropy in the passage of the Patient Protection and Affordable Care Act (ACA) in March 2010; in this regard, it resembles a traditional case study of philanthropic impact. But it also uses that examination to address some of the epistemic and methodological challenges involved in evaluating policy advocacy more generally; in this way, it also seeks to present a meta-study of the narratives of impact that have emerged regarding philanthropy and health care reform and the evidentiary support on which they are grounded.

The challenges in evaluating philanthropy's hand in shaping policy have been well documented; this report has certainly run up against many of them.[1] Yet at least one of these challenges is addressed directly through the retrospective, historical approach that this report takes. If foundations have often found it difficult to evaluate grants aimed at affecting policy change because of the broad time horizon such transformation often requires, looking backwards from the vantage point of such a significant change—the passage of the ACA—provides an outstanding perspective on the question of philanthropic impact. Analysis is staked, in this case, to a particular legislative outcome. For this reason, this report does not engage the role of philanthropy in the implementation of the Affordable Care Act. However, it is important to note that many of the funders discussed below have taken a leading role in supporting that process and appreciate that passage of the legislation represented only an initial step in a lengthier campaign to ensure that all Americans have access to affordable, quality health care.

Research Methodology:

I began this project with a focus on one particular philanthropic intervention: Atlantic Philanthropies' support for the grassroots advocacy group, Health Care for America Now! (HCAN). Atlantic's funding of HCAN has been one of the more celebrated examples of philanthropy aggressively seeking to shape federal public policy

[1] A recent report by the California Endowment, for example, lists seven main hurdles to evaluating policy and advocacy grants: complexity; role of external forces; lengthy time frame; the need for shifting strategies and milestones; a multiplicity of "players" and the difficulty of attributing causal agency to any of them; limits of foundation lobbying and the constraints those put on evaluation; and lack of grantee engagement. Kendall Guthrie, et. al., *The Challenge of Assessing Policy and Advocacy Activities: Strategies for a Prospective Evaluation Approach*, October 2005, accessed at http://www.calendow.org /uploadedFiles/Publications/Evaluation/challenge_assessing_policy_advocacy.pdf. See also Steve Teles and Mark Schmitt, "The Elusive Craft of Evaluating Advocacy," *Stanford Social Innovation Review*, Summer 2011.

in recent memory.[2] Yet it soon became clear that I would have to broaden my inquiry to take in the role of the philanthropic field more generally, since there were many other funders that had a hand in the passage of the ACA, and their work, in many cases, had begun decades before Atlantic's. My aim then became to map out what might be called an entire ecology of philanthropic support for national health care reform (HCR). The particular challenge of this report is braiding together the various strands of impact, linked to disparate funding initiatives which all sought, in various ways, to promote the passage of comprehensive health care reform legislation. In other words, while not claiming that this account encompasses every single major instance of philanthropic engagement with national HCR over the last decades, I have sought to construct a coherent general narrative of philanthropy's role in the broad campaign. When possible, I have sketched out the specific mechanisms of impact, but in several cases—either because I did not think such analysis was possible given the information available, or because I thought it too onerous for this present report—I have left questions of mechanistic impact unresolved. In these cases, further inquiry is necessary.

I began my research with a literature review of the major sources that have chronicled the passage of the ACA. Only a few have been written so far, though the event is recent enough so that several more are assumedly still in the pipeline. As I noted in an initial literature review on the topic, several of the major accounts of the passage of the ACA do not give much causal weight to philanthropy, locating most of the agency with leading political actors and major industry stakeholders. These sources include accounts from policy analysts and historians like Paul Starr, journalists like Steven Brill, and political players themselves, such as Sen. Tom Daschle.[3] These accounts often cite the fruits of philanthropy, noting that advocates for reform were better mobilized during this campaign for HCR than they had been in the past, and frequently mention and often rely upon research provided by philanthropic foundations. But they do not treat philanthropy itself as a central agent.

In the last few years, a number of accounts have been published seeking to correct that lack of recognition. The narrative of the campaign provided by Richard Kirsch, who served as HCAN's executive director, and by Mark Stier, HCAN's Pennsylvania state director, were particularly helpful for this project and I have relied on them more than on any other sources.[4]

Finally, I also made considerable use of evaluative materials produced by some of the funders themselves, most significantly, the executive report of the evaluation of

---

[2] See, for instance, Sean Dobson, "Lessons for Grantmakers from the Battle for Health Care Reform," *Responsive Philanthropy* (Spring 2012), available at http://www.ncrp.org/files/rp-articles/ResponsivePhilanthropy_Spring2012_Dobson.pdf.

[3] The initial literature review on philanthropic impacts on health care reform is available at http://www.givewell.org/history-of-philanthropy; For major accounts of the passage of the ACA, see, for example, Tom Daschle, with David Nather, *Getting it Done: How Obama and Congress Finally Broke the Stalemate to Make Way for Health Care Reform* (New York: Thomas Dunne Books, 2010); Lawrence D. Brown, "The Elements of Surprise," *Journal of Health Politics, Policy and Law* 36, no. 3 (2011); Paul Starr, *Remedy and Reaction: The Peculiar American Struggle over Health Care Reform* (New Haven: Yale University Press, 2011); Steven Brill, *America's Bitter Pill: Money, Politics, Backroom Deals, and the Fight to Fix Our Broken Healthcare System* (New York: Random House, 2015).

[4] Richard Kirsch, *Fighting for Our Health: The Epic Battle to Make Health Care a Right in the United States* (Albany: The Rockefeller Institute Press, 2011); Marc Stier, *Grassroots Advocacy and Health Care Reform: The HCAN Campaign in Pennsylvania* (New York: Palgrave Macmillan, 2013)

HCAN commissioned by Atlantic and produced by Dan Cramer of Grassroots Solutions and Tom Novick of M+R Strategic Services; as well as multiple Project Results Reports produced by the Robert Wood Johnson Foundation.[5]

I also conducted thirty-six interviews with policy analysts, representatives from HCAN, Atlantic, and other funders, as well as with several Congressional staffers who had a significant hand in the passage of HCR. I was able to speak to representatives from nearly all the major philanthropic institutions involved; I had less success reaching out to Congressional staffers (especially to those who remain on Congressional staffs). For this reason, I was not able to verify independently some of the claims made by HCAN and foundation officials regarding their interactions with lawmakers. Additionally, many of these interviews, especially those with congressional staff, were conducted on background or off the record, and at the request of my sources, I removed from the final report material that could be traced back to them.

Challenges/Themes:

One dominant theme that emerges from the material I consulted was the need to place the work of philanthropy in pursuing comprehensive health care reform within a broader political, economic, and social context. Appraising the extent of philanthropy's impact requires understanding the other causal factors at play, many of which could make stronger causal claims, as well as acknowledging the contingencies that shaped the successful passage of the ACA, over which philanthropy could claim little sway. All this is necessary to keep philanthropy's role in the proper perspective.

There was also a general uncertainty as to how best to demonstrate philanthropy's impact. Several of those with whom I spoke had definite answers to that question, but others provided responses wrapped in multiple caveats. This was especially the case when I asked about specific occasions or nodes of impact. Some asserted it was impossible to draw a direct line from any particular intervention to a policy outcome as complex and multifaceted as the ACA, especially one that involved so many stakeholders and players in the policy arena. The interviewees often preferred to speak about the role of philanthropy more broadly, without disaggregating the players or specifying particular occasions in which impact was most manifest. Below are a few representative quotes:

- John McDonough (formerly senior advisor, Senate Committee on Health, Education, Labor and Pensions): "It was [HCAN's] sustained involvement over the entire process that is the single most important contribution…To look for that single moment I think is missing the point."[6]
- Mike Miller (Community Catalyst): "Think about the things that were needed to happen to make the ACA pass…you need that organizing, you need the policy analysis, the communication capacity. It's hard to really tease out and say, how much could you chisel away of what you had and still have the ACA pass. What's the one critical thing? You'll never get there. There were folks that were doing grassroots mobilization and there were folks that were talking

[5] Dan Cramer and Tom Novick, *HCAN Evaluation: Executive Summary*, prepared for The Atlantic Philanthropies (2010).

[6] In an email, McDonough expressed doubts that one could prove that any individual player in the campaign was indispensible to its successful culmination. Email from John McDonough to Benjamin Soskis, May 8, 2014. Interview with John McDonough, October 3, 2013.

to legislative staff, folks working the communications angle, folks that were dealing with the highest profile issues and folks who were down in the weeds… The ACA and its success is the sum total of those things."[7]

- In an October 8, 2013 email to the author, Jack Ebeler, who served as a staffer on the House Energy and Commerce Committee as well as an officer at the Robert Wood Johnson Foundation, stated his willingness to make an argument about aggregate impact that did not involve singling out any particular philanthropy initiative. "However, my general reluctance to link specific activities to credit for an outcome does NOT imply that the individual activities by foundations that you asked about are not important…For the most part, they are important – but as part of the overall effort."
- David Morse (formerly vice president, Communications, Robert Wood Johnson Foundation): "I don't think you can tease out the marginal contributions of any one foundation in anything as big as the ACA."
- Doneg McDonough (HCAN): "There's just no way health reform would have passed without the [philanthropically funded] outside efforts going on. No question about it. Beyond that, it gets a little fuzzy. How much of an impact did [any particular intervention] have and which things actually were critical to making the ACA happen?"[8]

This last statement, with its combination of broadly conceived certitude and localized indeterminacy, epitomizes one of this report's central findings regarding the claims of philanthropic impact.

In fact, disaggregating the specific contributions of particular philanthropic funders and determining how to weigh them against each other proved one of the most significant challenges of this project. This would be an issue for any major policy initiative, but for national HCR, given the large number of funders involved and the efforts to coordinate activities between them, it proved even more challenging. This suggests one of the main paradoxes of evaluating the impact of philanthropy on the passage of health care reform legislation. Precisely those features which many considered essential to the passage of the ACA—the breadth, variety, and scale of philanthropic initiatives—also made it especially difficult to evaluate the contributions of any particular intervention. And the report highlights another paradox as well, one which presides over the entire study of policy impact evaluation: the more significant the legislative achievement, and the greater the impulse for various stakeholders involved to claim a definite degree of impact, the less likely it is that any determination of clear causal agency is actually possible. Achievements like the ACA court claims of impact while simultaneously resisting them. It is striking how many of those whom I interviewed for this report appreciated this paradox and assimilated it into their own understanding of their contributions to the passage of the ACA. Nearly everyone with whom I spoke was fascinated by the topic, and thought the questions worth asking, yet appreciated that no clear, dispositive answers were likely possible.

[7] Interview with Mike Miller, October 31, 2013.

[8] Email from Jack Ebeler to Benjamin Soskis, October 8, 2013; interview with David Morse, June 18, 2014; interview with Doneg McDonough, March 11, 2014.

Related to the challenge of disentangling the major philanthropic initiatives that helped lead to the passage of national HCR is another theme that emerged from my research. Much of the research and the analysis directed toward the ACA that sought to determine why it passed pointed to a consensus among many of the major stakeholders that emerged in the 2000s around the basic framework that would undergird the ACA. This entailed, first and foremost, a rejection of a single-payer system and a reliance on private-employer based coverage, expanded through a reform of the health insurance marketplace and the establishment of "exchanges" to connect people with coverage. It often involved as well a mandate to purchase insurance and the prohibition of insurance companies excluding individuals with preexisting conditions and subsidies to make insurance more affordable (and an expansion of Medicaid to cover the poor).[9]

This consensus gave the campaign a momentum, a cohesiveness and a durability that it did not have during the failed campaign for national HCR in the 1990s. As political scientist Jacob Hacker explains, the consensus emerged out of the "deeply scarring experience" for the healthcare reform community of the failure of the Clinton plan in the 1990s and the political pragmatism forged by that failure (the impact of the defeat of Clinton's health care plan, which provided both negative lessons and a spur to make the most of political opportunities when they next arose, was another major theme in the literature). According to Hacker, this Democratic "coalescence" allowed Obama to defer to Congress, instead of devising his own plan, which the White House had felt compelled to do in 1993-1994, in part because of Congressional disunity.[10]

As Hacker argues, the consensus was in part the result of "a concerted effort by policy advocates and Democratic-affiliated interest groups to bring the party back to the health care issue on stronger political ground" after the failure of 1993-1994. But the consensus had other causes as well, including the bi-partisan model of reform provided by the passage of health care reform in Massachusetts in 2006, a mounting sense of crisis regarding the state of health care in the United States, and the decisions of business and industry groups that their own interests aligned with some degree of reform. Philanthropy can claim some impact in bolstering all these foundations of the health reform consensus; this report will detail the evidence behind these various claims.

HCAN was established after the reform consensus began to take shape, but according to many of the analysts I consulted, HCAN did make an important contribution in maintaining it during the election of 2008 and the campaign for the ACA. HCAN's

[9] See, for instance, Starr, *Remedy and Reaction*, 175 ("By 2007…the range of opinion within the circles that had the attention of Democratic leaders was narrower than it had been in the early 1990s. Key interest groups and advocacy organizations were converging on the same general model of reform, and although the candidates in the Democratic primaries offered their own health-care plans, they all reflected the same basic approach"), 185; interview with Jonathan Cohn, June 3, 2013; Brill, *America's Bitter Pill*, 75.

[10] Paul Starr makes a similar point about how the existence of a policy consensus on HCR allowed Obama to defer to Congress in the early stages of crafting the ACA. Starr, *Remedy and Reaction*, 200. Jack Ebeler notes that the fact that there was not initially an official Administration plan that the sector had to rally behind allowed philanthropy to play a much more "nimble" role in pushing for health care reform legislation in 2009-2010. Interview with Jack Ebeler, October 8, 2013. Jacob S. Hacker, "The Road to Somewhere: Why Health Reform Happened," *Perspectives on Politics* 8, no. 3 (September 2010), 865.

role in cementing this reform consensus is at the heart of many of its claims of impact that I will outline below.[11]

II. **Background on HCAN's Role in the ACA Campaign**

During the year and a half between its establishment in July 2007 and the passage of the ACA, Health Care for America Now! (HCAN) raised more than $47 million. Of that sum, Atlantic Philanthropies contributed $26.5 million; the California Endowment contributed $4 million, and the Oak Foundation and the HJW Foundation gave $1 million each. $6 million came from individuals, including $5 million from George Soros, while approximately $9 million came from HCAN's organizational partners.[12]

A few notes about the philanthropic funding:

- Several of the accounts I consulted made much of the *opportunistic* nature of the philanthropic funding of HCAN. Richard Kirsch, HCAN's executive director, highlighted the fact that Atlantic did not have a program area in health care reform when they first began considering funding HCAN. But Atlantic's president, Gara LaMarche, became convinced that a Democratic presidential victory in 2008 would present a historic opportunity to achieve HCR and was willing to enter into unfamiliar territory because of it. Similarly, the California Endowment went outside the bounds of its own state-based focus in order to fund HCAN.[13]
- The fact that philanthropy funded HCAN *early*—that is, relative to the time when a campaign to pass national HCR would need to hit peak intensity; i.e., after a Democrat won the 2008 election—was also emphasized. According to one former official at Atlantic Philanthropies, who worked on the HCAN grant, "It is rare that you have such a sizeable commitment of resources of such a flexible nature so early in what is a multi-year campaign." The early funding allowed HCAN to plan out a campaign with a secure budget in mind,

[11] Jonathan Oberlander cites the reformers' efforts to improve their strategies in light of the defeat of HillaryCare as a prime example of "policy learning." Interview with Jonathan Oberlander, September 5, 2014. Hacker, "Road to Somewhere," 866.

[12] Kirsch, *Fighting for Our Health*, 316-317, 316-317; Cramer and Novick, *HCAN Evaluation*, 10; interview with Richard Kirsch, September 3, 2013; interview from Richard Kirsch to Benjamin Soskis, January 13, 2014.

[13] In recognition of Atlantic's contributions, the White House invited LaMarche to the ACA signing ceremony. Atlantic's founding donor, Chuck Feeney, although initially supportive of LaMarche's prioritization of health care reform, eventually grew dissatisfied with the highly visible profile Atlantic was assuming in the vanguard of progressive reform. At a July 2010 board meeting, Feeney challenged Atlantic's funding of HCAN and expressed doubts as to whether it was possible to determine if Atlantic had any real impact on the ACA's passage. However, according to Feeney's biographer, the board's chairman argued that the White House had been saying that HCAN's "work was making a huge difference." Conor O'Clery, *The Billionaire who Wasn't: How Church Feeney Secretly Made and Gave Away a Fortune* (New York: Public Affairs: 2013), 336, 338, 340, 344-345. Kirsch, *Fighting for Our Health*, 58, 362; interview with Stuart Schear, August 11, 2014. Kirsch quotes LaMarche at their initial meeting to discuss funding HCAN: "I'm driven by a sense of opportunity that this is the biggest social justice issue in the U.S. If the opportunity arises and the stars are in alignment and significant resources would help, that's why I'm having this conversation." Kirsch, *Fighting for Our Health*, 58.

provided it time to build a solid infrastructure for its subsequent advocacy campaign, and allowed it to prepare with extensive polling, message testing, policy work, and field and capacity assessments, for the election in 2008. In this regard, it is also worth emphasizing a "low six-figure planning grant" Atlantic made to both HCAN and to FamiliesUSA, another health care advocacy organization, in the summer of 2007, which allowed HCAN to think through some of its key strategic decisions before it formally began operations.[14]

- Atlantic's willingness to give funds up-front, and not in installments punctuated by evaluations of effectiveness, also allowed HCAN to do more long-term planning and for HCAN partners to feel more secure about HCAN's durability throughout the campaign. This arrangement flew in the face of many contemporary funding arrangements that placed a heavy emphasis on securing grantee accountability by conditioning additional funding on demonstration of effectiveness.[15]
- Another feature highlighted in accounts of Atlantic's funding of HCAN was *scale*.
    - In an interview, the authors of the Atlantic-funded HCAN evaluation emphasized: "This was probably the first $50 million campaign on a progressive issue on our side ever." Atlantic's president Gara LaMarche called the $26 million Atlantic gave to HCAN "the largest grant ever made by a foundation for advocacy."[16]
        - The validity of these claims hinge on the definitions applied and on the qualifications of a *concentrated* progressive advocacy campaign. Over the course of two decades (1991-2009), the Robert Wood Johnson Foundation, for instance, spent $700 million to combat smoking, a significant part of which was devoted to advocacy; though perhaps this is not a definitively *progressive* cause. RWJF also invested nearly as much in its Consumer Voices for Coverage program, discussed below.[17]
        - Theda Skocpol (Harvard University): "The sheer amount of money was significant, but not huge by the standards of major DC legislative wars. What mattered was where the money went…[for] an advocacy plan based on continued pressure from those left of center, although not so left as to be out of the discussion.'"
        - Jonathan Oberlander, a health care expert at the University of North Carolina, argues that although the forces arrayed against reform still outspent the pro-health reform movement, the fact

[14] Anonymous interview; Kirsch, *Fighting for our Health*, 56-57.
[15] Interview with Doneg McDonough, March 11, 2014.
[16] Interview with Dan Cramer and Tom Novick, November 13, 2013; Gara LaMarche, "Scaling Up in a Time of Scarcity: Some Experiences, Observations and Caveats," remarks prepared for the Social Impact Exchange Conference of Scaling Impact, July 15, 2011.
[17] *The Tobacco Campaigns of the Robert Wood Johnson Foundation and Collaborators, 1991-2010* (Center for Public Program Evaluation, April 2011), 2.

that the spending wasn't completely unbalanced—"Godzilla vs. Bambi," in Oberlander's characterization—was an important difference from 1993-94.[18]

  - Atlantic's willingness to commit significant resources to HCAN was facilitated by the foundation's commitment to spend down its endowment by 2020 (and now by 2016). The foundation began to focus increasingly on "big bets," programs that demanded heavy financial investments but whose potential payoffs were tremendous. To that end, in its final decade, the foundation began to experiment with a Venture Fund, "a budget set aside for seizing unforeseen possibilities, such as 'short-term advocacy opportunities within our missions and programmes.'" Several of Atlantic's initial grants to HCAN were a part of this fund.[19]

- *Tax status*. There is another feature of Atlantic Philanthropies that bears mentioning when considering the impact of its funding of HCAN—one that complicates its status as a model for other foundations to take up. Atlantic is headquartered in Bermuda and so was not subject to the regulations that limit the amount of money that foundations can direct toward lobbying.
  - "Due to the foundation's unusual setup and how HCAN was established, the health-care group is able to use Atlantic's money for partisan activities that federal rules prohibit other foundations from supporting, like promoting or criticizing specific legislation. HCAN is registered as a political-advocacy group - classified under Section 501(c)(4) of the federal tax code, which allows it to use an unlimited amount of money to influence lawmakers. The difference is significant because charities and other groups that fall under Section 501(c)(3) are limited in how much of their budget they can devote to lobbying. Foundations can make grants to an organization like HCAN, but must require that the money support only charitable or educational activities. But Atlantic is incorporated in Bermuda, which allows it to skirt the American legal restrictions."
  - Lauren Leroy (Grantmakers In Health): "Atlantic Philanthropy played a very important role that just about nobody could have played the way they did because of the way they are structured and because they are chartered outside the United States."[20]

---

[18] Theda Skocpol, "Naming the Problem: What it Will Take to Counter Extremism and Engage Americans in the Fight Against Global Warming," January 2013, p. 41, accessible at http://www.scholarsstrategynetwork.org/sites/default/files/skocpol_captrade_report_january_2013_0.pdf; interview with Jonathan Oberlander, September 5, 2014.

[19] Ian Wilhelm, "Atlantic Philanthropies Stakes $25 million on Health-Care Lobbying Group," *Chronicle of Philanthropy* 21, no. 20 (August 20, 2009), 4; Tony Proscio, "Winding Down the Atlantic Philanthropies, The First Eight Years, 2001-2008" (July 2010), 8, 36.

[20] Wilhelm, "Atlantic Philanthropies Stakes $25-Million"; interview with Lauren LeRoy, June 25, 2014. See also, Gara LaMarche, "The Key Role of Advocacy Funding in the U.S. Health Reform Debate," speech at the 2010 Grantmakers In Health Conference.

III. **HCAN's Distinctive Model**

What most analysts and HCAN operatives point to as the most distinctive, innovative and impactful feature of its campaign was its fusion of grassroots advocacy, using pre-existing networks of state-based progressive organizations, and national coordination. In the past, advocacy campaigns have featured one of these but rarely both; they have either been top-down, DC-centric campaigns where consultants and policy elites perform much of the work and then parachute in to various locales, with much of the spending directed toward communications and ads; or decentralized operations without much coordinated strategy. HCAN, on the other hand, was a nationally coordinated campaign to support advocacy on the grassroots level. It was this grassroots, outside-in focus that initially attracted Atlantic Philanthropies.

In the field of health care reform, before the campaign to pass the ACA, there had been a notable lack of grassroots advocacy, which some analysts had pointed to as one prime reason for the multiple failed efforts to achieve universal health care. As historian Beatrix Hoffman wrote in 2003, "There has been a gap between health care reformers and their potential constituents, a gap that has created a significant obstacle to popular mobilization on behalf of universal health care." The history of these failures placed against the success in 2010, with the notable difference of a grassroots campaign in the latter effort, can provide something of a built-in counterfactual. It does not prove a strong case of impact for HCAN's grassroots campaign—there were many other factors that might have made the difference. But it does provide important supplementary support for the more mechanistic demonstrations of impact that will be outlined below.[21]

In a 2013 essay, Theda Skocpol combines the historical comparison between the failed campaign to pass HCR and the successful effort in 2010, with a contemporaneous comparison to the failed climate change (cap and trade) legislation. The fundamental difference between the two coterminous campaigns, she writes, was that HCR benefited from "New Investments in Coalition-Building and Political Capabilities," while climate change did not. "During the winter and spring of 2010, the very different end-games for comprehensive health reform and economy-wide carbon-capping legislation came into sharp relief – and revealed that political groundwork and organizational investments made long before were delivering different pay-offs." Skocpol considers HCAN one of the most important of such investments.[22]

After more than a year of planning, in July 2008, HCAN was launched by a coalition of national advocacy and labor organizations, including AFL-CIO, AFSCME, SEIU, Americans United, Campaign for America's Future, Campaign for Community

---

[21] Beatrix Hoffman, "Health Care Reform and Social Movements in the United States," *American Journal of Public Health* 93 (January 2003), 79; Kirsch, *Fighting for Our Health*, 358.

[22] Skocpol, "Naming the Problem," 34, 53. Skocpol continues: "We do not have to pretend that the final enactment of the Affordable Care Act in March 2010 was inevitable to realize that, when push came to shove after Scott Brown was elected as a potential GOP blocking Senator in January, it meant a great deal to have a nation-spanning, outside-in mobilization effort to push Democrats in Congress to finish the job. At that time, HCAN and other popularly rooted allies favorable to comprehensive health reform kept the pressure on Congress and the White House; and almost all center-left groups with capacities for popular mobilization and messaging turned away from maximalist demands and instead just pushed DC insiders to get a law passed. But during the same months, efforts in the climate-change arena simply lost steam."

Change, MoveOn, and USAction. A number of other organizations later joined these organizations on the HCAN Steering Committee, including the National Education Association, the National Women's Law Center, and the NAACP. Each participating national organization was required to sign onto a shared statement of basic principles; organizations that joined a core Steering Committee were required to "buy in" by committing financial and manpower resources to the campaign.

Paul Starr reports: "Rather than just concentrate on advertising and media, the coalition set out from its inception to build a network of field organizers throughout the country, capable of mobilizing progressives in individual congressional districts." In the forty-three states in which it operated, HCAN developed ties with hundreds of state-based and regional grassroots progressive organizations and coalitions. Of the more than $17 million that HCAN spent on field operations, 90% were directed to these state-based groups; these groups provided most of the campaign's staff, knowledge of local politics and relationships with local politicians, while the national headquarters provided strategy, national coordination, staff salaries, talking points, payment for advertisements, and advocacy materials (signs, banners, posters, stickers, etc.). As Richard Kirsch explained the "genius of the campaign," HCAN was able to "integrate the local and the national in a coherent way." This is the narrative that HCAN has promoted most heavily: that HCAN was able to successfully push through the ACA because it focused its strategy outside the Beltway—without ignoring the political realities holding sway inside.[23]

According to Theda Skocpol, the breadth of HCAN's operation was an essential factor in its success, since it allowed HCAN to target both members of Congress who were ambivalent about HCR and those who were strong supporters of it.[24] The Atlantic-funded evaluation of HCAN also cited this network model as allowing for a rapid scale-up. "Investing in national networks with state-based organizations allowed HCAN to maximize the benefits of local knowledge and pre-existing infrastructure in the states. In most cases, where there was existing capacity on the ground, state partners came to the HCAN table with their own membership, existing relationships with local organizations, and at least some level of existing relationships with their Congressional district and Senatorial offices. This infrastructure allowed HCAN to build to scale quickly, with local knowledge on the ground informing campaign strategies and targets." It is also worth mentioning that an ancillary goal of Atlantic's funding of HCAN was to seed progressive advocacy infrastructure more generally, beyond their participation in campaigns for national HCR; in this regard, capacity building was an end in itself. As Atlantic's

---

[23] Starr, *Remedy and Reaction*, 192; Cramer and Novick, *HCAN Evaluation*, 1, 2; Stier, *Grassroots Advocacy*, 2; Richard Kirsch interview, September 3, 2013.

[24] "Funders need to learn that 'edge of the possible' broad-networked strategies have a better chance of influencing Congress—because coalitions in Congress come out of issues or pressures that are spread across many states and districts, not just propelled from the rich urban states on the coasts where most funders hang out. Too often, I think funders mistake centralized, media-savvy efforts for influence on Congress. That is not how US politics works. In the end, for ACA, it mattered that a lot of Democrats across almost all states where they served, were willing to stick with the endgame." Skocpol email to Benjamin Soskis, September 27, 2013. "By networking existing organizations, it aimed to be able to contact millions of citizens across the country and cooperate with national efforts by fielding events and lobbying in many legislative districts – not just 'swing' districts, but in the districts of virtually all Democrats in Congress. HCAN wanted to be able to push and support nominal Congressional supporters of reform, as well as legislators on the fence." Skocpol, "Naming the Problem," 40.

president told the *Chronicle of Philanthropy*, the network of grass-roots activists HCAN was building could be used for other policy battles, like immigration and voting rights.[25]

Many analysts also pointed to the statement of shared principles that its member groups were asked to sign as a key step in securing HCAN's effectiveness.

- "The cornerstone of the HCAN coalition, and the single factor most consistently cited to explain its durability and ongoing cohesion, was the set of principles developed in 2008–well before there was even a health care bill to debate. Many coalitions attempt to articulate core principles; what makes HCAN's Statement of Common Purpose significant is that it was actively used in the formation and management of the entire coalition campaign. At the outset, these principles played a valuable role in attracting members and shaping the coalition. It allowed HCAN to bring together groups and organizations that did not trust each other and that may have had disagreements in the past, but could recognize mutual beliefs and goals embodied in the principles."[26]
- In an interview, an official with Atlantic Philanthropies credited these common principles with helping to sustain legislative champions of HCR, who were asked to sign on to the principles as well. "When it became time to write stuff down in legislative language, they knew where the bar was. That was thanks to the clarity over those principles. That one page kept the champions clear about what they wanted to get done, and it kept the groups doing what they do best, pushing from the outside, and not trying to have a seat at the table drafting away…It was a way for everyone to stay in the tent, and prevented people from getting mired in the specifics."[27]

HCAN did not serve as a traditional grantor to these groups; instead, the state-based advocacy groups signed a contract in which HCAN would provide a certain level of funding if the organizations produced certain deliverables: phone calls to Congressmen, meetings arranged with politicians, press conferences held, earned media hits. In an interview and in his own written account, Richard Kirsch pointed to this contractual relationship as a major driver of HCAN's success (a point seconded by a former Atlantic Philanthropies official).[28]

The research and interviews I conducted suggested two main drawbacks to the reliance on a network model of advocacy. The first is that, according to the Atlantic-funded evaluation, it was generally less successful in states that lacked existing progressive infrastructure. The second issue, raised by the same evaluation, was that HCAN's focus on the "outside game" compromised their effectiveness as "inside players," straining the coalition's relationship with the White House. As the report

[25] Cramer and Novick, *HCAN Evaluation*, 5; Wilhelm, "Atlantic Philanthropies Stakes $25-Million."
[26] Cramer and Novick, *HCAN Evaluation*, 2.
[27] Anonymous source.
[28] Stier, *Grassroots Advocacy*, 27; Skocpol, "Naming the Problem," 41; interview with Richard Kirsch, September 3, 2013.

concluded, "balancing its dual roles as an inside campaign partner and an outside entity caused tensions for HCAN."[29]

Evaluating HCAN's network model:

HCAN's "network" model raises an additional challenge in evaluating the coalition's impact. To do so requires disentangling HCAN's unique contributions from those of the organizations it funded, many of which had separate funding streams and might have engaged in the campaign for HCR even without HCAN support.

Kirsch provided two responses to this challenge:

- One was to emphasize the coordination that HCAN applied, through claims that the most successful of the advocacy initiatives conducted by the state-based groups (to be discussed below) relied upon a coordinated national strategy; the coordinated whole was, in this sense, greater than its parts.[30]
- The other was to claim that, although many of the state-based advocacy organizations did have funding prior to and independent of HCAN's establishment, the level of this funding was almost always modest and could not have supported a sustained advocacy campaign such as national HCR demanded.
    - I find this argument generally persuasive but have not substantiated it. To do so would require choosing a few state advocacy groups at random and determining their funding levels prior to HCAN's involvement and then comparing these to the funding support that HCAN provided during the ACA campaign.
    - A former official at Atlantic Philanthropies pointed to the contractual relationship between HCAN and the advocacy groups it funded as a means of evaluating HCAN's contribution; i.e., HCAN's funding purchased—and therefore brought into being—specific advocacy deliverables, regardless of the funding the advocacy organization could claim before entering the contract.[31]
    - Yet in his account of the HCAN campaign in Pennsylvania, Marc Stier cited the challenge this contractual relationship posed to evaluation. "Where funding depended on narrow measures of success or failure—turning out x number of people for an event or getting x number of press hits—state affiliates had an incentive to provide the representatives of the national organization with whatever information they needed to satisfy the terms of trade. Those organizations had learned to focus their attention on events and actions that kept their national funding stream running rather than those that built or deepened long-term relationships with coalition partners and political

[29] Cramer and Novick, *HCAN Evaluation*, 9.
[30] "Everything else we did—which side are you on, the anti-insurance events, the two big national rallies, at state level, town meetings in April, the stuff in spring 2009, the response to the tea parties—everything was part of a national strategy with national tactics, with materials and messaging and support and funding available through the national campaign." Interview with Richard Kirsch, September 3, 2014.
[31] Interview with anonymous source.

officials. And, even worse, there was an inclination on all sides to exaggerate accomplishments and capacity."[32]

- The Atlantic-funded evaluation of HCAN gave a related, but slightly different response to this question, based on feedback from the state-based organizations on the benefits they received from incorporation within the HCAN coalition. The evaluation did not determine what these groups would have done in the absence of HCAN, but did attempt to identify the value added by the coalition:
    - "There is real evidence that capacity was increased through the network model. State partner organizations overwhelmingly reported that participation in HCAN raised their profiles, strengthened relationships with partner organizations and members of Congress, and in many instances helped forge new relationships. HCAN shared data with state partners and fed them local supporters who were recruited online, helping partners grow their lists. HCAN also appears to have helped reinforce existing coalitions in some states. State partners also gained new skill sets and experience working on a major national campaign."[33]

IV. **Analyzing HCAN's Impact**

HCAN's impact must be understood within the context of its network model and the synthesis it developed between an "inside game" and "outside game." As Marc Stier explained, "HCAN's goal was to create a team of organizers that would build a base of grassroots proponents of reform from both labor and citizen activists and then mobilize that base to influence members of Congress directly and indirectly by taking action in congressional offices, on the streets, by phone, and online." The state-based, local advocacy efforts set up the interventions into the national legislative arena.[34] So the primary question becomes not merely how effectively HCAN mobilized citizens but how effectively that mobilization translated into Congressional support for health care reform.

HCAN's work can be broken down into several categories (the categorization comes from the Grassroots/M+R evaluation):

- shaping the narrative
- paid media communications
- earned media (reports, rallies and media events; letters to editor, etc.)
- online advocacy
- legislative strategies, both at the state/district level and on the Hill

Few of the evaluators and analysts with whom I spoke focused on HCAN's paid media, although this consumed some forty-two percent of its funds (a bit under $20

[32] Stier, *Grassroots Advocacy*, 21.
[33] Cramer and Novick, *HCAN Evaluation*, 6; interview with Dan Cramer and Tom Novick, November 13, 2014.
[34] Stier, *Grassroots Advocacy*, 5 (quote), x.

million). The Atlantic-funded evaluation of HCAN offered a mixed review of the effectiveness of this spending, questioning how the ads contended with a surge of other paid media by proponents and opponents of reform, and cited observers who thought HCAN's paid media lacked a consistent theme. In certain targeted races, the evaluation determined that the spending could claim some success, but judged its overall impact to be limited.[35]

Shaping the Narrative/ Public Opinion:

HCAN did seem to have some success in "shaping the narrative" of the campaign for health care reform. One important contribution, frequently cited in accounts, was the cultivation and spread of an "anti-insurance industry frame." HCAN made an early strategic decision to make criticism of the insurance industry a central part of their campaign—even though the White House initially strongly disagreed with this strategy. Kirsch recounts how HCAN counteracted an early public campaign by the health insurance industry to thwart significant reform by holding rallies and providing the press with research that countered the insurance industry line. It is important to note, though, that much of the health industry's efforts then went underground; in August 2009, the five largest for-profit insurers funneled $86.2 million through the industry's trade group to the Chamber of Commerce to mount an anti-HCR campaign. And so the ultimate impact of this initial pushback led by HCAN is not entirely clear.[36]

For the next several months, HCAN affiliates held events to draw attention to insurance industry malfeasance that received substantial media attention—they staged protests, for instance, outside insurance company CEO homes and held mock citizens' arrests. They also continued to release research reports; one on the profits insurance companies made while the ranks of the uninsured continued to grow was cited repeatedly by Democrats during Congressional hearings on the issue. After the Tea Party protests in the summer of 2009, HCAN increased its focus on the "anti-insurance narrative." According to the Atlantic-funded evaluation, this was "part of a deliberate effort to narrow the organization's message focus on creating a public enemy. This included adding anti-insurance actions to the field program and creating greater alignment between the messaging of the field and national earned and paid media communications."[37]

By the fall, when the White House decided to embrace the anti-insurance theme, it could borrow heavily from HCAN's rhetorical arsenal and arguments. Chris Jennings, who advised the White House on health reform, reported that HCAN's efforts to shape a media narrative around insurance industry abuses did in fact help push the White House toward embracing the strategy, though he also insists it also would have done so on its own. Internal White House polling conducted in 2009 revealed the depth of the public's

---

[35] Cramer and Novick, *HCAN Evaluation*, 7 ("According to the Campaign Media Analysis Group, special interest groups spent a combined $200 million on television ads on health care in 2009. Given these figures, HCAN's media spending was not sufficient to compete with opponents or substantially change the narrative. Instead, its objective was to influence discrete targets, including Congressional leadership and individual members").

[36] Starr, *Remedy and Reaction*, 218; Kirsch, *Fighting for Our Health*, 237.

[37] Kirsch, *Fighting for Our Health*, 71-74, 326; Cramer and Novick, *HCAN Evaluation*, 7. For the report's impact on Congress, see, for instance, *New York Times*, February 12, 2010; "Senator Feinstein to Introduce Legislation to Prevent Health Insurance Companies from Enacting Unfair Premium Rate Increases," February 19, 2010.

antipathy toward insurance companies and helped to solidify the Administration's commitment to embrace the anti-insurance framing. Yet even if HCAN cannot be credited with pushing the anti-insurance frame upon the Administration, it did provide resources that made the strategy more effective. Kirsch, for instance, lists several instances in which stories mined by HCAN about insurance corporation abuses, or well-honed slogans targeting the industry, made their way into the public remarks of President Obama and other leading Democratic officials.[38]

In fact, more generally speaking, perhaps the most important way in which HCAN helped to shape the narrative of the HCR campaign was through its ability to humanize the issues by finding individual stories from constituents that politicians could incorporate into their public promotion of reform and by making sure that the problems that HCR was meant to address were linked to real individuals, rooted in the local communities of legislators.

- As Marc Stier recalls: "When our senators and representatives said that health care reform was not an ideological issue but a matter of providing benefits critical to the district and state, we had people ready to back them up with testimony about their own difficulties in finding affordable care or dealing with insurance companies."[39]
- Several of the staffers and analysts with whom I spoke emphasized that this was an especially important contribution to legislators, mentioning that some of the most enduring, powerful stories and anecdotes of the campaign, ones frequently invoked by politicians in public speeches, derived from HCAN research.
    - One Congressional staffer who had a hand in drafting the ACA noted that HCAN discovered eleven-year old Marcelas Owens, a Washington-state native whose mother lost her health insurance after being fired from her work and died from pulmonary hypertension not long after. Owens became an effective speaker on behalf of HCR in the campaign's final months, and his story was invoked by many legislators. He stood with President Obama at the ACA signing ceremony.[40]
    - Kirsch's account contains several anecdotes about activists associated with HCAN affiliates pressing their personal stories on legislators; in one case, Rep. Earl Blumenauer, an Oregon Democratic congressmen, credited the advocates' persistence in helping to make Sen. Ron Wyden a more aggressive supporter of HCAN-style HCR, including the public option.[41]

---

[38] Kirsch, *Fighting for Our Health*, 222, 298, 325-326; interview with Chris Jennings, May 27, 2014; *Washington Post*, July 31, 2009.

[39] Stier, *Grassroots Advocacy*, 73.

[40] Interview with anonymous Congressional staffer, October 16, 2013; interview with Dan Cramer, November 13, 2013. For background on HCAN and Owens, see Kirsch, *Fighting for Our Health*, 127-129, 340-341, 356.

[41] Kirsch, *Fighting for Our Health*, 340. Kirsch reports that one Oregon activist told him that after passage of the ACA, Rep. Earl Blumenauer told the MoveOn Portland Council that "he felt that it was our persistent focus on winning over Wyden that got him finally on board with the public option." See also Kirsch, *Fighting for Our Health*, 205.

- Chris Jennings confirmed that the personal stories of Americans suffering from the inadequacies of the health care system that HCAN supplied were an important resource in the campaign for reform. "HCAN provided not just rhetoric but specific examples that could be highlighted…to conclude that the current world was absolutely unacceptable and there had to be a substantial change."[42]

These anecdotes provide support for a definite but modest claim of impact; it is difficult to isolate how much causal weight to give a particular anecdote or story within the context of a campaign. But cumulatively, HCAN's ability to humanize health care reform did seem to play a definite if undeterminable role in pushing legislators to support the ACA. And the fact that these anecdotes were frequently adopted by politicians suggests that policy makers assigned a significant use-value to them. Thus, if we cannot say with certainty that these anecdotes were effective in the campaign, we can at least demonstrate that certain members of Congress believed them to be so.

It is worth mentioning one counter-argument to the case for the ability of HCAN and its allies to shape the narrative during the campaign. As Jonathan Oberlander argues, the pro-reform side generally "lost the public opinion debate" during the campaign. He acknowledges that proponents of reform thought more carefully about how to frame the issue than they had in 1993-1994. But "public opinion was not a winning battle. All it took was 'death panels' and 'pulling the plug on grandma' and it swept away all that messaging." Oberlander does raise the important point that the passage of the ACA cannot simply be attributed to a groundswell of popular support, since public attitudes toward reform were more ambivalent. But it is important to note as well that public surveys showed a tightening of support for reform after the low watermark of the August recess (discussed below), that substantial majorities supported the various components of reform and that Democratic support for reform remained at high levels throughout the campaign. If Oberlander is correct in stating that "public opinion was not a winning battle," it is equally the case that it was not necessarily a losing battle—in the months before the passage of the ACA, polls showed the public split on health care legislation. To the extent that philanthropy had a hand in helping to secure that stalemate—one in which Democrats had room to push the legislation to passage—it can claim some degree of impact. Without philanthropic support, it is probable that public opinion would have skewed even more unfavorably toward reform and reform's prospects would have been dimmer, although there is no definitive proof for that counter-factual.[43]

V. **HCAN and the Public Option**

Another element of HCAN's impact cited by several analysts was its central role in uniting progressives behind a campaign to advocate for the inclusion of a "public option"—a government-run alternative to private insurance to be offered within the new insurance exchanges—in the final HCR bill. Support for a public option was embedded in the HCAN Statement of Common Purpose and the backing that the coalition gave to the

[42] Interview with Chris Jennings, May 27, 2014.
[43] Interview with Jonathan Oberlander, September 5, 2014; Kaiser Health Tracking Polls, February 1, 2010, January 1, 2010, September 9, 2009.

policy features as one of the central elements of claims that it helped forge a strong "reform consensus" that pushed the ACA to passage. In discussions of the public option and HCAN's impact on the passage of the ACA, the public option functions as both a policy objective in and of itself and as an instrument to mobilize the progressive base around reform more generally.

These claims stem in part from a comparison made with the HCR campaign during the Clinton years, which was hampered by progressive disunity as supporters of a single-payer plan (a government run and financed health care system) rebelled after the Administration pursued a policy built upon private insurance. In fact, according to several of those with whom I spoke, the memory of this failure seems to have inspired HCR advocates to make a deliberate effort to prevent a reoccurrence of progressive fragmentation. The emphasis on HCAN's pushing for the public option is the most prominent example of one variant of argument about HCAN's impact, which stresses its centrality in this effort: maintaining progressive unity around a plan that entailed significant progressive concessions to political reality (the Democrats did not have the votes to pass a single-payer plan). HCAN, in this view, served as a sort of progressive adhesive. Several analysts explained that, given the fact that the basic plan around which Democrats had converged by 2008 was a relatively conservative one, progressives needed a policy around which they could rally. They regarded the public option as "the one issue [in the proposed HCR legislation] that meant changing the status quo, taking on big insurance," as Richard Kirsch notes. Polling during the campaign showed that the public option was consistently popular with much of the public, and especially with the progressive base of the Democratic Party.[44]

- According to Len Nichols (George Mason University/ New America Foundation): "The fundamental value of HCAN in my view was that it became an organizing and in some sense convening device to hold the left…from fracturing and turning into the circular firing squad that helped kill the Clinton initiative…. Its fundamental value was holding the left in place and enabling it to speak with one voice to put up with the moderate nature of the reform that could actually pass in the Senate."[45]
- One Congressional staffer explains, "The public option was fundamental to the support from a lot of the more progressive members. They got it and it was the only piece that they could hold on to in that entire package and say that we are changing from the insurance industry running everything. And the important thing was because of the analysis that we had from the CBO on how the public option would drop down costs, the counterbalance was that it worked with some of the more moderate members because even though they were nervous, they saw that it helped reduce costs."[46]

---

[44] Kirsch, *Fighting for Our Health*, 215; Starr, *Remedy and Reaction*, 175, 228-9; Ezra Klein, "What ever happened to the public option?" *Wonkblog*, March 22, 2013, available online at http://www.washingtonpost.com/blogs/wonkblog/wp/2013/03/22/whatever-happened-to-the-public-option/.

[45] Interview with Len Nichols, September 26, 2013. See also interview with Jack Ebeler, October 8, 2013; also interview with John McDonough, October 3, 2013 ("It was highly important in October 2009, that when Harry Reid advanced his version of health reform, that it included a public option; that it at least gave progressives a chance").

[46] Interview with anonymous Congressional staffer, October 16, 2013.

- Skocpol adds: "By adopting Hacker's 'public option' as part of its shared principles for reform, HCAN was able to situate itself in a strategically pivotal place. HCAN filled the space between inside-DC elite players and brokers, on the one hand, and leftist health reformers who remained loyal to the idea of Canadian-style single-payer health insurance, on the other hand. HCAN activists continued to argue with progressives further to their left, even as they adopted much of the same progressive language demonizing private health insurance practices – and endorsed an overall regulatory framework acceptable to more moderate health reform supporters. It was quite a balancing act. HCAN's focus on a key left-center reform provision, the public option, plus its mobilization against insurance company practices, allowed the coalition to rope in a lot of energy and support on the left for what ultimately became Affordable Care, but to do so without become [sic] captive to an entirely inside-the-Beltway bargaining process."[47]
- Political journalist Mark Schmitt expresses a similar view: "It was a real high-wire act—to convince the single-payer advocates, who were the only engaged health care constituency on the left, that they could live with the public option as a kind of stealth single-payer, thus transferring their energy and enthusiasm to this alternative. It had a very positive political effect: It got all the [2008 Democratic presidential] candidates except Kucinich onto basically the same health reform structure, unlike in 1992, when every Democrat had his or her own gimmick."[48]

A related claim for impact notes that HCAN not only united progressives around the public option, but also pushed to maintain the public option as a viable design feature of a final bill. When the insurance industry began to attack the public option, HCAN commissioned polling and research to demonstrate to legislators that the policy could withstand criticism and remain popular with voters. An HCAN-sponsored survey also resulted in the designation of its name (advocates had been calling it the "public plan" but "public option" polled better). In his account, Kirsch details the work HCAN affiliates did lobbying some key senators, including Arlen Specter and Maria Cantwell, to come out publicly in support of the public option; he also documents how HCAN affiliates put pressure on legislators to maintain the integrity of the public option during bill drafting when others attempted to offer compromised or weaker versions. Stier also details how HCAN put pressure on Specter to support the public option—getting constituents to call his office; lining up prominent leaders from labor unions, the Jewish community and Democratic donors, to lobby Specter; planning protests at Specter's Pennsylvania offices; organizing pro-public option editorials in major Pennsylvania newspapers; and working closely with the senator's chief policy advisor on the issue—although he also suggests that the emergence of a political opponent on his left, Joe Sestak, in the 2010 Democratic

[47] Skocpol, "Naming the Problem," 42. See also interview with Jonathan Oberlander, September 5, 2014.
[48] It's important to note that Schmitt credits the Campaign for America's Future's Roger Hickey for successfully promoting the public option among progressives. Mark Schmitt, "The History of the Public Option," *The American Prospect*, August 18, 2010, available online at http://prospect.org/article/history-public-option.

Senate race contributed more than anything else toward Specter's endorsement of the policy. I have not independently verified these claims.[49]

In evaluating these claims for HCAN's impact, we must first gauge the seriousness of the threat of progressive disunity. One possible measure of this was the depth of commitment to a single-payer plan at the start of the HCR campaign. Kirsch gives some convincing evidence of this when he details the difficulty of initially convincing single-payer advocates to support HCAN; Len Nichols agrees, pointing out that even many of the policy aides who gravitated toward Obama's presidential campaign in 2008 had endorsed the single-payer model. These claims for impact ultimately hinge on the assumption that progressive unity and grassroots support were key to pushing through the ACA; but they do not in themselves demonstrate that impact.[50]

We must also consider a related argument regarding the way in which the prominence of the public option shaped the HCR campaign by serving as a distraction or a buffer.

- Cramer and Novick state in their HCAN evaluation: "The public option became a lightning rod for opponents of reform. This in turn created space for Congress to include other reforms that might have been more difficult absent the fight over the public option."[51]
- One senior Congressional aide who played a role in drafting the ACA recalled that the public option functioned as a sort of bargaining chip. By sacrificing it, the Left was able to extract concessions from moderates: "I think it was really important that the pressure was kept on. That the voice is always in the room and reminding people, this is what it could be… We went to the floor with a public option and we knew we didn't have the votes at the other end of the debate. But we set up a whole process where a group of moderates and progressives get in a room and figure out what are you going to do if you're not doing a public option. There were provisions in the bill that were based on that [exchange]. We got more CHIP funding. The multi-state plan that OPM [Office of Personnel Management] is running."[52]
- Chris Jennings also notes the public option's importance as a negotiating piece that could be sacrificed to secure conservative Democratic votes. The public option was "one of the very few issues that [Senate Majority Leader Harry] Reid could point to that people could understand, that had policy and political resonance and relevance…Strategically it was absolutely imperative to have [in the Senate bill] if for no other reason [then it represented] something the conservative Democrats could demonstrate they struck from the final package as an important justification as to why they could vote for a comprehensive bill."[53]

---

[49] Kirsch, *Fighting for Our Health*, 114-115, 129-130 (on Specter), 141 (on Cantwell), 171-174; Stier, *Grassroots Advocacy*, 63-65.
[50] Kirsch, *Fighting for Our Health*, 80; interview with Len Nichols, September 26, 2013.
[51] Cramer and Novick, *HCAN Evaluation*, 9.
[52] Interview with senior Congressional aide, December 23, 2013. Starr confirms the public option's role as a bargaining chip in his account of national HCR. Starr, *Remedy and Reaction*, 228. See also John E. McDonough, *Inside National Health Reform* (Berkeley: University of California Press, 2011), 91.
[53] Interview with Chris Jennings, May 27, 2014.

It is important to note that these claims take into consideration the eventual extirpation of the public option from the final HCR legislation; and that the assessment of HCAN's impact through its advocacy for a public option does not necessarily hinge on the successful inclusion of the public option in the final bill. Several of the same analysts who cited HCAN's role in pushing the public option also acknowledged that they had little faith during the campaign that the public option would actually make it into the final bill; its odds were especially bleak in the Senate, where it lacked the support of some key Democratic figures (notably, Sen. Joseph Lieberman, whose opposition to it prevented Democrats from breaking a Republican filibuster).[54]

Somewhat paradoxically, the same adhesive role that analysts associated with HCAN's embrace of the public option was also invoked to describe HCAN's ability to keep progressives united once it became clear that the public option would not survive. At that point, a number of prominent progressives, including former Vermont governor Howard Dean, were calling for the bill to be killed and for Democrats to start over—and so the danger of progressive disunity at this point does seem quite real. As Paul Starr noted, "If just one progressive senator such as Dean's fellow Vermonter, Independent Bernie Sanders, had followed that advice, Obama's effort to pass reform would have ended up like Clinton's, with nothing to show."[55]

According to Theda Skocpol, "in the February-March 2010 period, [HCAN's] willingness to drop the maximalist public option demand and push for final House-Senate action on the ACA as possible was important in keeping pressure on Democrats to act."[56] Len Nichols also offered a similar assessment of HCAN's ability to get the Left "to swallow a whole bunch of stuff to get this law to the president's desk," including the death of the public option. Ultimately, then, HCAN received credit both for consolidating progressives around the public option and for relinquishing an attachment to the policy when it became politically unviable.[57]

---

[54] For claims that actors did not ever think the public option had a chance, see interview with John McDonough, October 3, 2013; interview with Jack Ebeler, October 8, 2013; interview with Sara Kay, October 10, 2013. In his account of the campaign to pass the ACA, former senator Tom Daschle reported that the public option was actually taken off the table by the White House and the Senate Finance Committee even before these later senate negotiations, as part of a July 2009 deal with hospitals to accept $155 billion in cost reductions over a ten-year period. Tom Daschle with David Nather, *Getting it Done: How Obama and Congress Finally Broke the Stalemate to Make Way for Health Care Reform* (New York: Thomas Dunne Books, 2010), 147.

[55] Starr, *Remedy and Reform*, 228.

[56] Skocpol email to Benjamin Soskis, September 27, 2013.

[57] Nichols added, "With a law to build on, if it proved unsatisfactory, we could always add a public option or even move to single payer if a majority of the Senate could be persuaded at that future time. But without a law to build on, without a commitment to cover all Americans to build on, there is no hope of moving in one fell swoop to public option/single payer type reforms." Interview with Len Nichols, September 26, 2013; email from Len Nichols to author, November 3, 2014. See also interview with Jack Ebeler, October 8, 2013. A former official at Atlantic Philanthropies explained the fact that HCAN was able to rally progressives around the public option as well as to push the campaign forward even when the public option was no longer viable by arguing that too much was made of the public option's role as a unifying policy commitment. He suggested that progressive unity stemmed ultimately from a shared embrace of the core principles HCAN had enshrined in its Statement of Common Purpose.

There are a few counter-arguments or complications that can be placed alongside a strong claim of HCAN impact associated with the public option.

- The first raises the counter-factual of whether the public option would have occupied a prominent place in the 2009-2010 HCR campaign if HCAN had not aggressively pushed it. It should be noted that although Richard Kirsch claimed that he had devised the policy idea behind the public option, he does acknowledge that it was the version proposed by Jacob Hacker, a Yale political scientist who independently published a version of the plan in 2003, which made its way into the political discourse.
- According to journalist Mark Schmitt, it was Roger Hickey, co-director of the progressive think-tank, Campaign for America's Future, who took Hacker's "idea for 'a new public insurance pool modeled after Medicare' and went around to the community of single-payer advocates, making the case that this limited 'public option' was the best they could hope for….And then Hickey went to all the presidential candidates, acknowledging that politically, they couldn't support single-payer, but that the 'public option' would attract a real progressive constituency." Richard Kirsch also credits Hickey, along with another leading health care advocate, Diane Archer, with promoting the public option to labor and progressive advocacy groups and to the presidential campaign of John Edwards, the first Democratic candidate to unveil a health care plan.[58]
- Through these efforts, some version of the public option appeared in the Clinton, Obama, and Edwards health care plans, announced in early 2007 [see below for a discussion of how philanthropy funded the research behind the policy proposals].[59] Given its prominence, and the several policy entrepreneurs who were promoting it, it is possible that the public option would have attracted progressive enthusiasm even without HCAN; but this counter-claim does nothing to challenge HCAN's role in preserving the public option for much of the campaign for HCR itself, when there was considerable pressure to jettison it.

Several analysts also raised the possibility that pushing for the public option to be included in a final bill, even after most analysts deemed its prospects bleak or non-existent in the Senate, actually had a detrimental impact on the prospects for passage of the ACA.

- The Grassroots Solutions/ M+R Report cited respondents who "argued that progressives' call for a public option allowed opponents to more effectively mischaracterize reform as the government takeover of health care."[60]
- According to one source who advised the Senate on health care reform, some members of the Senate staff charged with health care reform were frustrated with the "degree of fervency" with which progressives embraced the public option, since it was clear to them that it did not have the votes to pass the

[58] Schmitt, "History of the Public Option;" Kirsch, *Fighting for Our Health*, 35-36.
[59] James Brasfield, "The Politics of Ideas: Where Did the Public Option Come From and Where is it Going?" *Journal of Health Politics, Policy & Law* 36, no. 3 (June 2011), 455-459.
[60] Cramer and Novick, *HCAN Evaluation*, 10

Senate and it took away attention that might have been directed to issues of affordability.[61]

- Some staffers in then-Speaker Nancy Pelosi's office also seemed to believe that HCAN's commitment to the public option was a hindrance to the broader HCR campaign. Wendell Primus, Pelosi's senior policy advisor on health care reform, for instance, told me that he thought the public option was "overemphasized" to the detriment of other aspects of the bill, such as Medicaid expansion and the size of the subsidies. He acknowledged that there might have been a strategic dimension to this focus—"There were times when I remember thinking that maybe it's good that they focus so much on the public option because it drew fire away from the rest of the bill"—but he considered the attention and resources the public option claimed to have been an overall drain on more essential components of the ACA, like provider reimbursements and bending the cost curve.[62]
- Some leading advocacy groups pushing for HCR also shared similar concerns about the emphasis placed on the public option. For example, the Center on Budget and Policy Priorities concluded when the health reform bill was coming to the Senate floor that there was no chance to win an amendment to add the public option and counseled against progressives making this the only or overriding issue for the Senate floor debate. CBPP thought progressives had the ability to improve the bill on the Senate floor in other areas, such as affordability, if they devoted substantial effort to those areas, rather than focusing so heavily on the public option and much less on other improvements CBPP thought were more winnable.[63]
- In HCAN's defense, Richard Kirsch points out that HCAN by no means ignored the issue of affordability; it was a frequent topic in their legislative work and in their field lobbying. In September 2009, for example, HCAN attacked the initial bill that came out of the Senate Finance Committee for not doing enough to make care affordable. But he concedes that HCAN did not make affordability a focus of HCAN's paid communication for the reason that the public's leading concern with reform was the legislation's potential cost, and so attention drawn to making the health care more affordable (and thus the legislation more expensive) threatened to undermine the overall campaign. The extent to which HCAN's focus on the public option overshadowed the

[61] Interview with anonymous.

[62] HCAN received some pushback for its decision to spend $400,000 on an ad released in early January 2010 that called for reform to include a public option, against the White House's objections (and after many on the Hill assumed its actual prospects of inclusion were nil). Kirsch, *Fighting for Our Health*, 320; "New TV Ad & Online Campaign Ask President and Congress to Finish Reform Fight," HCAN Press Release, January 5, 2010, accessed at http://healthcareforamericanow.org/2010/01/05/new-tv-ad-online-campaign-ask-president-and-congress-to-finish-reform-right. Interview with Wendell Primus, January 29, 2014 ("I tend to believe that we spent way too much time and money on the public option as opposed to doing other things that would have pressed providers a little more").

[63] Email from Robert Greenstein to Benjamin Soskis, October 1, 2014.

affordability issue, and whether more HCAN focus on the issue would have ultimately helped or hindered the campaign, are still open questions.[64]

The final counterfactual that should be addressed when assessing HCAN's impact via its support for the public option is how the campaign for the ACA might have advanced differently if the organization had rallied progressives around a single-payer plan instead. This strategy might have fractured the reform consensus, but it is possible it would have placed progressives in a stronger position to pressure policymakers once the legislation was crafted. Such scenarios, however, are rarely considered in the retrospective evaluations of HCAN's role in the passage of the ACA.[65]

VI. **HCAN Legislative Strategy**

HCAN's ultimate aim was to convince legislators to support a bill for health care reform that reflected HCAN's Statement of Common Purpose, using a combination of an inside and outside game. HCAN's national staff met frequently with the staff of key congressional champions of HCR to discuss strategy. During the campaign, there were weekly or bi-weekly meetings with House staff led by staff of Jan Schakowsky (D – IL), a leading progressive; meetings with Senate staff were held regularly but less frequently.[66] These meetings helped identify members whom HCAN could profitably target and provided HCAN with some additional insight on how to do so (i.e., whether public pressure would work well or whether they should work behind the scenes). The national office would then share this information with the state and local affiliates. At the

[64] In an interview with the *Washington Post*, Kirsch claimed it would have been difficult to rally progressives around the affordability issue, especially given opponents' attacks focusing on reform's potential costs. "[T]o do a big public campaign around issues of affordability would have been very tricky…the reality is that a lot of the excitement about the public option was that this was something bold and different. Progressive base activists could get a hold of that and get excited about it. There's nothing about affordability that's that sexy and clear." But in an email to the author, Kirsch claimed that HCAN "played an aggressive and consistent role in stressing affordability in our legislative work and in our field communications," but did not spend money on paid communications (with a few exceptions) pushing for the legislation to be more affordable. In September 2009, when the HCAN Steering Committee grew concerned that their support for the public option was crowding out attention to affordability, Kirsch wrote a piece in the *Huffington Post* linking the two causes. Harold Pollack, "The group that got health reform passed is declaring victory and going home," *Washington Post Wonk Blog*, January 5, 2014; email from Richard Kirsch, August 8, 2014; Richard Kirsch, "Affordability and the Public Option," *The Huffington Post*, September 8, 2009, accessed at http://www.huffingtonpost.com/richard-kirsch/affordability-and-the-pub_b_279293.html.

[65] For one commentator who does consider this, see Schmitt, "History of the Public Option" ("The alternative history question would be: What if they had pushed for single-payer all along? Could the political process then have sold them out and compromised by supporting the public option we now look likely to lose?").

[66] The sources and analysts I consulted consistently suggested that HCAN's influence was much greater in the House than in the Senate. See, for instance, Skocpol, "Naming the Problem," 43-44 ("Establishment DC policy players in health reform often did not give HCAN conscious heed or credit. When Lawrence Jacobs and I interviewed DC players in health legislation, especially in the Senate, they all pooh-poohed HCAN's efforts"). Rep. Schakowsky's office did not respond to my request for an interview.

same time, information would also move in the other direction as well, from the HCAN district offices to the national office and then to the Congressional Democratic leadership. HCAN kept the Speaker's office informed about the level of pressure—through phone calls, emails, and office visits—being placed on legislators, so that when on-the-fence members complained that supporting the ACA would run against their constituents' wishes, the Speaker could challenge them with data suggesting otherwise.[67]

The numbers speak to the aggregate scale of this campaign. As Cramer and Novick's evaluation details, "HCAN generated an enormous volume of Congressional contact, which was needed to keep up with the opposition. In addition to thousands of lobby visits (in-district and on Capitol Hill), events and town hall meetings, HCAN produced more than 873,000 calls to Congress and more than 600,000 faxes."[68] But it is on a more granular level, through an examination of the efforts to sway particular legislators, that determinations of HCAN's impact can most soundly be made.

These determinations present a particular evaluative challenge.[69] As one Congressional staffer involved in drafting the ACA explained, few members of Congress are willing to admit that HCAN pressure was decisive in securing their vote; such an assertion would seem to compromise their own valued sense of independent thinking. (This staffer did in fact believe that HCAN played an important role in helping to secure votes for the ACA).[70]

Given such forewarnings, I made only a modest effort to contact legislators and ask their opinion of HCAN's impact. I directed more of my inquiries toward Congressional staff (my few attempts to contact members for direct comment proved unsuccessful). I did encounter some difficulty getting a candid assessment of HCAN's role even from some congressional staff. For instance, I spoke with Ben Marter, the press representative (in 2009-2010) of Betsy Markey, a Colorado Democrat whom, according to Richard Kirsch, HCAN helped to push toward support for the ACA in the months before the final vote.[71] In Kirsch's account, constituent pressure, organized by an HCAN-affiliate, was crucial in pushing Markey past her reservations about HCR's costs. I asked

---

[67] One congressional staffer also noted that HCAN's ability to "convene stakeholders and come in in one meeting and present it all together with all their perspectives" was especially helpful, given the time constraints experienced by staff. Interview with anonymous Congressional staffer. Interview with Doneg McDonough, March 11, 2014 ("We would be interacting with folks on the Hill and when they identified a need for education or to communicate the importance of issues to constituents, we would focus that on members, in the field or in DC and would coordinate how that would work. It was very member specific and time specific"); Stier, *Grassroots Advocacy*, 74; interview with Marc Stier, February 28, 2014; interview with senior Congressional aide, December 23, 2014.

[68] Cramer and Novick, *HCAN Evaluation*, 1.

[69] In light of this challenge, Mark Stier, who served as HCAN Pennsylvania's state director and also had a background as a public policy academic, considered devising a more quantitative measure of HCAN's ground game's effectiveness. He proposed sifting through the weekly reports that HCAN staff made to determine, in each district, the number of people HCAN mobilized, how many visits they organized to a members' office, how much press they generated, and other relevant data, and then matching that data with local members' votes on the ACA, considering as well districts' partisan composition, the members' own ideological profile and the amount of money and lobbying on the other side. He thought this work might tell us more about what sort of impact HCAN actually had on members' ACA votes. He drafted a proposal to HCAN's national leadership to conduct this research, but has not moved forward with the project. Interview with Marc Stier, February 28, 2014.

[70] Interview with anonymous Congressional staffer, October 16, 2013.

[71] Kirsch, *Fighting for Our Health*, 346-347.

Marter what sort of role HCAN had in the decision and he responded that HCAN had very little role: "Ultimately, the decision to support the compromise legislation that was drafted in the Senate in March 2010 was a determination made by the congresswoman herself. It was not as a result of an outpouring of strong support either way because it was very strong on both sides of the argument. Ultimately, what did it for her was that it was the right thing to do for the district, the state, and the country." The evidence he provided for this claim was that HCAN had been active in her district for much of 2009 and it was only *after* the Senate made revisions to the bill, addressing her key concerns, that Markey voted for it; she had voted against the earlier House bill, even with HCAN pressure.[72]

The response seems intent on preserving the image of Markey's legislative agency and leaves little room for a consideration of HCAN's contributions in members' decisions. But as Marc Stier has pointed out, HCAN worked most effectively not when it tried to pressure members who were disinclined to vote for the ACA into doing so, but when it gave members the space to make a determination of what actually was best for "the district, state and country." HCAN, in his words, made the vote on the ACA a "hard" one for moderates by counter-balancing anti-HCR pressure.[73] The key question in this regard is whether a member would have voted for the ACA absent HCAN's involvement. In a sense—and here we have another evaluative paradox—HCAN, when it worked most effectively, provided members of Congress with the leeway to follow their own independent analysis, laying the foundation for members subsequently to downplay HCAN's own impact.

Legislator Testimony:

Some members, however, were willing to acknowledge HCAN's impact. In fact, the firmest support for a strong claim of HCAN impact on the votes of legislators comes from a small handful of the legislators themselves (or at least from HCAN officials reporting on those claims). In his book, for instance, Richard Kirsch cites comments made to him after the passage of the ACA by Rep. Rob Andrews (D-NJ), who chaired the Health Subcommittee of the House Education and Labor Committee. Andrews credited HCAN with helping to secure the support of newly elected Democrats, many of who served in competitive districts, and for whom a vote for HCR seemed especially perilous. According to Kirsch, Andrews told him, "We could have never got the freshmen and sophomores without you."[74]

Similarly, when pressed to point to evidence for impact, Marc Stier, the director of Pennsylvania HCAN, cited the comments of two Pennsylvania Democrats: "I'm convinced that what we did made a difference, basically because two members of Congress told me." In his book he quotes the district director for Chris Carney (discussed in greater detail below) telling him that "Chris always wanted to vote for health care reform, but what your organization did made it possible." According to Stier, Rep. Kathy Dahlkemper offered a similar tribute to HCAN's work directly to him.[75]

---

[72] Interview with Ben Marter, September 25, 2013.
[73] Interview with Marc Stier, February 28, 2014.
[74] Kirsch, *Fighting for our Health*, 357. Kirsch also reports that after the President signed the ACA, the White House's deputy director of political affairs, Patrick Dillon told him, "We couldn't have done it without you." Kirsch, *Fighting for Our Health*, 355.
[75] Interview with Marc Stier, February 28, 2014; Stier, *Grassroots Advocacy*, 70, 76. In his book, Stier quotes Dahlkemper's tribute to PA HCAN: "Usually the people who are against something and angry are

How should we evaluate such evidence? It is not as strong as similar claims made to a third party (to a journalist, for instance); Congressmen and their staff have an incentive to boost the self-regard of allied advocacy groups if they believe such compliments will increase or sustain the groups' level of activism in future campaigns. At the same time, HCAN officials have an incentive to plump up off-hand remarks into heart-felt commendations. Stier acknowledges as much and stated that one must take the comments from the two members of Congress referenced above "with a grain of salt." But he also points out that the partnership between PA HCAN and moderate Pennsylvania Democrats was not always a close one—Rep. Carney avoided any contact with HCAN for the first half of 2009—and so positive remarks on HCAN's impact were surprising enough that they did likely reflect the member's ultimate appreciation of HCAN's contributions.

To such statements must be added another related species of evidence of impact: Congressional offices frequently turned to HCAN at critical moments to ask for the coalition's assistance, suggesting that the members' staffs believed that HCAN could play an important role in generating and sustaining legislative support for the ACA. Stier reports, for instance, that Kathy Dahlkemper's office "would call all the time and say there are more calls against the ACA than for it. You guys better get busy. They wanted to be able to say that [Kathy] was voting with [her] district." None of this evidence is dispositive of HCAN's impact, but cumulatively, the attitude of certain key members of Congress toward HCAN seems one of the strongest indices of impact.[76]

Another possible type of evidence would be the assessments of neutral policy analysts who had followed particular legislators and their relationship with HCAN and other grassroots advocacy groups closely. For the most part, I did not find much objective analysis of HCAN's impact in local press accounts. HCAN state affiliates kept a running log of various press mentions to send in to the national office. HCAN passed on a number of these digests to me. My survey of these digests was not exhaustive but the articles that I consulted—and that HCAN state groups flagged as especially favorable—rarely made any explicit claim of impact. They often noted HCAN's presence at major rallies, and their frequent outnumbering of HCR opponents, and marked when politicians attended or participated in HCAN events, without assessing the significance of this participation for the politician's own support for the ACA. (It is also worth mentioning that even those accounts that seemed sympathetic to HCAN were often dominated by scenes of Tea Party disruptions, which suggests the difficulty of HCR supporters in shaping the media narrative more generally).

How did HCAN and its affiliates attempt to sway legislators to vote for HCR? There were two main strategies: one directed at moderates and the other at "champions."

HCAN and Congressional moderates:

---

the ones who come out. Those who support what you are doing don't come out. I often felt alone. So it was very important to have your help. Unlike groups that demanded particular legislation, such as the single payer advocates, your group just provided support to us. You brought people to public events and encouraged them to write letters to the editor. And they were often good-sized crowds. Your work made a big difference. And the thank-you event meant a lot to me."

[76] Interview with Marc Stier, February 28, 2014.

HCAN committed significant resources to persuading moderate Democrats to back HCR.

- Early on, in the run-up to the 2008 election, HCAN initiated a "Star District" effort, which targeted six "swing" Congressional races and one U.S. Senate race. HCAN spent $3.8 million on targeted paid advertisements, including TV and mail, and conducted strategic fieldwork during the election.
    - From the Grassroots/M+R evaluation: "In a study of the districts where HCAN concentrated its efforts, Lake Research Partners concluded that 'HCAN's communications during a two-week campaign in October made a dramatic impact on the knowledge and attitudes of voters in five Congressional Districts in which HCAN is active.' However, that conclusion should be taken with some caveats…[M]any observed that HCAN was not the only organization focusing on health care."[77]
    - Kirsch added: "We polled women in the district before and after we ran the ads to see if their opinions had changed. We also left out one group of women from the mailings to act as a control group so that we could separately measure the impact of the mail. The results were gratifying. Our ads swayed 13 percent of voters toward the Democratic candidate. Voters who had received the mail and phone calls moved more than those who had just been exposed to TV."
    - Without demonstrating conclusively that the HCAN campaign had a major role in the results, Kirsch points out that "five of the seven Republicans whom we had criticized for their health care positions lost their elections."[78]

Kirsch's and Stier's accounts chronicle how HCAN and its affiliates sought to secure positive support for the ACA from moderates: using constituent pressure, sending formal delegates of community leaders to district offices and DC Congressional offices; organizing office visits for other constituents; mobilizing HCR supporters to attend public events at which the targeted member would be appearing; organizing rallies, sometimes outside district offices; leading phone-banking efforts and facilitating constituent phone and online contact with members; holding out future electoral support as a carrot and threatening to withhold that support as a stick.[79]

Stier also focuses considerable attention on HCAN's success in Pennsylvania in swaying key Congressional moderates to support HCR. Stier presents PA HCAN as a "microcosm" of the national campaign, pointing out that the state had a House delegation with a wide range of ideological viewpoints and had representative affiliates from most of the leading national coalition partners. But he also notes that the state was distinctive in some respects as well, especially in the strength of its coalition. Stier highlights six Pennsylvania Democratic moderates whom HCAN pressured; four of them ultimately voted for the final ACA. HCAN mobilized citizens and activists among the constituents

[77] Cramer and Novick, *HCAN Evaluation*, 4.
[78] Kirsch, *Fighting for Our Health*, 96.
[79] Kirsch, *Fighting for Our Health*, 270, 281-283, 346-350.

of each and helped them to communicate to their representative how important passage of HCR was to them (and how key it would be to securing their vote for re-election).

For the first year, the moderates kept their distance from HCAN, refusing to speak at events the organization sponsored.

- As Stier notes: "We worked to build an activist base that would keep the health care issue, and the importance of each Congress member's vote on it, before the public while also creating a steady stream of individual contacts with each member….We recruited a substantial number of citizen and labor activists in each district. And we held many events—two to four a month for over a year—in each district, including rallies in front of their congressional offices, protests at insurance companies, town halls, readings of the legislation, canvasses at which we asked people to contact their Representatives, and others. We blasted their offices with emails and phone calls. We took union members and other constituents to meet with the members and their staffs."[80]
- Just hours before the first House vote on the HCR legislation, on November 7, Rep. Chris Carney (D-PA) remained undecided; in the days and hours running up to it, HCAN's Pennsylvania affiliate flooded his office with calls. Was this support partially responsible for securing Carney's vote, along with those of several of the other wavering Pennsylvania moderates? As mentioned above, both Carney and Dahlkemper let it be known to Stier that they thought HCAN's support crucial in this regard. Stier's account gives the reader no particular reason to doubt this conclusion, but neither does it offer conclusive proof. And it does not fully address the counter-factual; absent this support, would Carney still have struggled with his vote, but ultimately voted for reform? All that is certain from these accounts is that moderate Democrats' struggle with the vote was in many cases a profound one, and that HCAN played a not-insignificant role in pushing a handful of lawmakers toward support.
- On the other hand, Stier's account also highlights the limits of HCAN's power over moderates in swing districts, who had little interest in supporting HCR; in these cases, HCAN's threats to withhold electoral support were not especially credible, because to do so was to guarantee the election of the moderate Democrat's Republican opponent.[81]

HCAN and Legislative Champions:

One of HCAN's most notable strategic innovations was that it did not merely "pressure" moderate Democrats but also worked to bolster "champions"—that is, it supported Democrats who seemed inclined to vote for reform even without HCAN's intervention and pushed them to be more outspoken and fervent advocates.

According to the Atlantic-funded evaluation: "Observers note that while other groups concentrated efforts in hotly contested swing districts, HCAN was the only entity doing work in supportive members' districts, and that its impact was felt. Numerous examples of Congressional supporters becoming aggressive and outspoken advocates for

[80] Stier, *Grassroots Advocacy*, x-xi, 70.
[81] Stier, *Grassroots Advocacy*, 70, 76, 77.

reform were recounted." In an interview, when I asked for an example, the evaluators cited Ohio senator Sherrod Brown. When I pressed them on the causal impact such a claim was staking, they added, "Brown was a supporter, but they had a program to get him in front of crowds of people, to make him look good on the issue, to make him into a champion…It's hard to say that it was only HCAN that led him to take a strong stand [on HCR] but without HCAN, I don't think he would have."[82]

In his book on HCAN, Richard Kirsch details the effort the organization made to push a number of senators, including Parry Murray and Maria Cantwell (both from Washington), to overcome political caution and become more vocal leaders in the cause of HCR. According to Kirsch, months of pressure on Murray from HCAN's Washington coalition led the senator to agree to speak at a major HCR rally in Seattle in May 2009, after which she became "a strong champion of reform." Kirsch details the multiple meetings between HCR advocates and Murray's staff in the weeks and days before the rally that led to her appearance (announced only a few days before it was scheduled to occur). Kirsch is here implying a causal link between HCAN pressure and Murray's public commitment to the cause of reform.[83]

In his account of HCAN's work in Pennsylvania, Marc Stier provides a case study of how HCAN supported Pennsylvania Democrats Rep. Allyson Schwartz and Sen. Bob Casey, pushing both to take a prominent lead in the campaign for HCR. Each was a supporter, but had reservations for different reasons: Casey's because of the legislation's support for abortion, Schwartz's because of fears of being branded a radical and of alienating moderate constituents. HCAN helped to assuage these concerns by letting them know that their constituents, and especially progressives, "had their back." They did so through supportive phone calls, emails and office visits. HCAN also helped to "pump up" champions in the local press, promoting their leadership whenever possible and defending them from attacks from the Left.

They also created "decision points," such as the "Which Side Are You On?" campaign, which asked legislators across the country to sign on to the HCAN Statement of Common Principles, that forced members to publicly commit to a strong support of HCR (ultimately, 139 House members and 17 Senators, including Sen. Obama, signed on). According to Stier and Kirsch, by orchestrating a nation-wide campaign, HCAN gave the cause a coordinated sense of momentum, and led legislators to want to "get on board," to appear leaders on the issue.

Similarly, HCAN hosted large public rallies to force local legislators to make a decision whether or not to attend and how visibly to promote the cause; often, HCAN would use these events to publicize a legislator signing the HCAN Statement. The largest of these was held by HCAN Pennsylvania in Philadelphia in October 2008, with more than 500 people attending. According to Stier, the event was not meant merely to publicize congressional signatures on the Statement, but to "generate the momentum needed to secure signatures from wavering members of Congress." The Philadelphia event was scheduled before two key Pennsylvania members of Congress, Sen. Casey and Rep. Schwartz, had signed on. Once HCAN announced the date, Rep. Schwartz agreed to sign the Statement. Sen. Casey was more wary. In an email, Stier reports that he was in frequent communication with Casey's office in the weeks leading up to the rally, going

[82] Cramer and Novick, *HCAN Evaluation*, 9; Interview with Tom Novick, November 13, 2013.
[83] Kirsch, *Fighting for Our Health*, 121-129.

over the Statement line by line and answering the questions and concerns of Casey's staff. Casey agreed to sign only a few hours before the rally was scheduled to begin. After that event, according to Stier, the senator served as one of the leading Democratic champions of HCR.[84]

The most convincing evidence that Stier supplies of the impact of this "champions" work is not that both Schwartz and Casey did become more outspoken in their support for HCR, since this does not address the counter-factual of whether each might have intervened more aggressively in the campaign as the crucial votes neared, even absent HCAN's prodding. Most convincing is the fact that at key moments in the campaign, when Schwartz and Casey were considering becoming more outspoken, their staffs turned to HCAN and asked for more support—more phone calls and emails, increased progressive turnout at town-halls, etc.—so that the congresswoman and senator could claim that they were faithfully representing their constituents. At a certain point, Casey's staff and HCAN even began to share polling data and research so that they could better coordinate their messages. HCAN's Pennsylvania affiliate did seem to come through. According to Stier, supporters of reform outnumbered opponents at all but one Casey event between August 2009 and March 2010. According to Stier's account, HCAN pressure clearly seemed to lead Casey to increase his visibility as an advocate for HCR. At one point, for example, Stier asked Casey to state publicly his reasons for supporting health care reform without the amendment advanced by Bart Stupak, that would bar private insurance plans in the proposed insurance exchanges from offering abortion coverage if their subscribers received a federal subsidy; Stier hoped the move would give political cover to other Pennsylvania Democrats who were on the fence. Casey agreed to do so, and soon after, three Pennsylvania Democratic Congressmen who had strong anti-abortion views came out in support of the HCR bill without the Stupak amendment; congressional staffers told Stier that Casey's endorsement was key.[85]

Accounts of staff requests for HCAN intervention provide some of the strongest evidence available of HCAN impact since they suggests that at least some lawmakers themselves appreciated HCAN's value to the campaign. There is one major epistemic complication when assessing the impact of HCAN's legislative champions strategy, however. Its aim was not binary—to secure a yes or no vote—but to increase the amplitude of commitment. Determining the precise levels of increased commitment produced through HCAN's prodding does not seem possible. Additionally, one of the key venues in which this increased commitment could manifest itself was in closed-door negotiations. And yet these types of venues by necessity offer little transparency, rendering it difficult to determine exactly how effective a champion was in these crucial situations. And so though many of HCAN's claims of impact regarding encouraging Democratic legislators to be more vocal in their support of HCR do seem credible, it is less clear how these initiatives fit into the broader campaign to pass the ACA.

---

[84] Cramer and Novick report that the "Which Side Are you On" Campaign was generally credited by their interviewees as being one of the most successful HCAN initiatives. Cramer and Novick, *HCAN Evaluation*, 4. Casey could not attend the rally to sign the statement himself, so sent a representative in his place. Stier, *Grassroots Advocacy*, 53. Interview with Richard Kirsch, September 3, 2013; Kirsch, *Fighting for Our Health*, 96; Stier, *Grassroots Advocacy*, 53, 55-62; email from Marc Stier to Benjamin Soskis, January 17, 2014, October 28, 2014.

[85] I asked Sen. Casey's office to comment on the account provided by Stier but did not receive a response. Stier, *Grassroots Advocacy*, 57, 61; Starr, *Remedy and Reaction*, 225 (on Stupak).

VII. **Key Episodes of HCAN Impact**

In gauging HCAN impact, it is also worthwhile to look more closely at a few crucial moments in the HCR campaign, ones that were frequently cited by those I interviewed.

August 2009 Recess:

One of the most frequently cited contributions of HCAN to the campaign to pass the ACA was its role in mobilizing progressives to push back against Tea Party opposition to health care reform during the August 2009 Congressional recess. The Tea Party movement gained immense media attention for the way its members disrupted town hall meetings during the month recess. Democratic members of Congress, as well as the White House, became increasingly anxious about how an association with HCR would undermine their electoral prospects.[86]

Kirsch's book includes accounts of Democratic members of Congress contacting HCAN and asking for help in mobilizing health care supporters to attend their town hall meetings. Although other grassroots advocacy organizations (such as the Administration-linked Organizing for America) were also heavily involved in bulking up the presence of HCR supporters at these events during the August recess, in many districts, HCAN took the lead. Stier reports, for instance, that over the month and a half after the initial "tea party uprisings," in August, "Democratic members of the Pennsylvania House Delegation and Senators Casey and Specter held 44 public events. At about 40 of these events, our activists and labor allies turned out more people—and in some cases far more—than the Tea Party." After these members of Congress received HCAN support, according to Stier, they were more willing to work closely with the organization; and he latter claims that HCAN's efforts during the recess were "crucial to the ultimate decisions of [Pennsylvania Democratic legislators] Carney, Dahlkemper, and Kanjorski to vote for health care reform."[87]

In fact, one congressional staffer I interviewed suggested that if HCAN (along with a few other major advocacy organizations) had not successfully counter-balanced the Tea Party presence at public meetings on HCR, many Democrats would have likely come to believe that support for HCR was too politically perilous and would have lobbied the White House to give up the effort.[88] Kirsch made an even stronger claim along these lines: that the HCAN pushback against Tea Party protests, and the ability of HCAN to mobilize HCR supporters to outnumber Tea Party protesters in certain key locales, had a hand in demoralizing the Tea Party movement and in stopping its political momentum.

---

[86] Interview with Wendell Primus, January 29, 2014; interview with anonymous Congressional staffer.
[87] Kirsch, *Fighting for Our Health*, 200-201; Stier, *Grassroots Advocacy*, 72, 76. Kirsch made similar claims about Congressional staff contacting him to mobilize supporters to counter the Tea Party at an Atlantic-sponsored event held in May 2010 to assess HCAN after the passage of the ACA. A video of the event is available at http://fora.tv/2010/05/19/Health_Reform_How_Did_We_Get_Here_and_What_Lies_Ahead. Doneg McDonough also reported that the national HCAN office received calls from members asking for help in turning out supporters to these events and was told afterwards by several congressional offices that HCAN's efforts were considered extremely helpful. Interview with Doneg McDonough, March 11, 2014.
[88] Interview with anonymous Congressional staffer, October 16, 2013.

- He cites the chief of staff to Michigan Rep. Mark Schauer, who claimed that after a town-hall meeting in which supporters of reform had a 2-1 turnout advantage over opponents, the opponents' zeal flagged: "They had scheduled a weekly protest, but after that their turnout was low."
- Kirsch also cites a leading Montana HCR advocate who claimed that the ability of the HCAN coalition to mobilize supporters of reform to attend a HCR rally in Montana that featured President Obama effectively neutralizing a large Tea Party presence, had the effect of "break[ing] up the tea party movement in the state."[89]

I have not made an effort to test these claims; one way of doing so would be to determine if there was in fact a dramatic decrease in media mentions of Tea Party activity in a state after significant HCAN counter-mobilizations. It is difficult, however, to fully gauge HCAN's impact in countering the Tea Party. One of HCAN's objectives in mobilizing supporters to town hall meetings was to push back against the media's (and especially the national media's) portrayal of those meetings, which were heavily weighted toward scenes of conflict and tended to focus on the most vociferous HCR opponents. Richard Kirsch admits that HCAN did not have much success in shifting the focus of the national media; in fact, that was one major reason why he wrote his book on HCR campaign. My surveys of local press coverage of these events suggest that they still often framed their accounts around vociferous opposition. However, many of these accounts did clearly document the presence of HCR supporters and gave the impression of a considerable faction who supported the passage of the ACA. In other words, without the counter-mobilization led by HCAN and other progressive groups, it's almost certain the press coverage would have been much less favorable to the ACA and its political prospects. What the affect of that coverage would have been on the campaign to pass the ACA is impossible to determine conclusively.[90]

November 7th House vote:

In the run-up to the November vote, HCAN affiliates ramped up their advocacy efforts, identifying House members whose votes were not yet secure. According to Kirsch, "We identified seventy-one House members who were leaning either against or for reform, and then focused on them with calls, emails, and door-knocking. In the two weeks before the scheduled November 7 vote, members of the HCAN legislative committee spoke with staff at supportive Congressional offices each morning to share information and coordinate activities."[91] After the vote, HCAN initiated an innovative program, thanking legislators who voted for reform for their support. "When the House passed the bill [in November], HCAN organized events in home districts and ran ads within 24 hours, and met members at the airport with flowers, signs and cheering crowds

[89] Kirsch, *Fighting for Our Health*, 199, 208.
[90] The Project for Excellence in Journalism reviewed news stories of the campaign for HCR and determined that "In the crucial battle over the words and themes that can help define a policy debate, opponents of the health care bill seemed to enjoy considerably more success than the supporters." Quoted in Starr, *Remedy and Reaction*, 217. Interview with Richard Kirsch, September 3, 2013.
[91] From September to December, a HCAN-backed program "patched through" 396,082 callers to 86 House members and 20 senators. Kirsch, *Fighting for Our Health*, 268, 270.

thanking them. We heard repeatedly that individual members loved the events and that it bolstered their ongoing commitment to ensuring the [final] bill passed."[92]

January 2010, Post-Scott Brown Senate Victory:

Another frequently cited occasion of HCAN impact on the ultimate passage of the ACA was the period after Scott Brown won a victory in the special election for Massachusetts' senate race (to replace Sen. Ted Kennedy), on January 19, 2010, imperiling the Democrat's filibuster-proof majority. Democrats ultimately were able to circumvent a filibuster through the budget-reconciliation process, but at the time, some leading forces within the party (including Rahm Emanuel and Vice President Biden), suggested jettisoning comprehensive reform and pursuing a more targeted approach that they believed would have a better chance of securing enough votes.[93] The morale of HCR supporters was at a low point. In the midst of this setback for reform, HCAN pushed its supporters—and through them, Democratic legislators—to continue to fight for comprehensive reform. As HCAN's Doneg McDonough explains, it was important for discouraged Democratic members of Congress to know that HCR supporters "still had their backs." Several congressional staffers confirmed the importance of HCAN support at this point:

- As one Congressional staffer recalled, "On January 18 [sic], everything ground to a halt and we all assumed everything was dead. And then, the case started to be made from the grassroots, don't let it die. They were pushing to make sure it stayed on the table, and that was certainly very helpful in keeping it alive in members' eyes."
- Another senior Congressional aid declares, "We really needed [HCAN]. Half the world was giving up on reform. And the White House was saying we can do a small business bill. And they [HCAN] were instrumental in putting [comprehensive reform] on the table, along with a lot of other organizations. That was critical."[94]

Home Stretch/ Final Vote:

HCAN officials also cite their impact in the final months of the campaign, helping to keep supporters energized and to keep pressure on wavering Democrats. Richard Kirsch, for instance, cites an organized march taken from Philadelphia to Washington, DC by a group of HCAN members that culminated in a large rally in the Senate office building on February 23, 2010. The event, he claims, re-invigorated all who participated, including the members of Congress who attended: "To be in a room full of supporters cheering them on to cross the finish line clearly lifted their spirits." He also quotes an email from a Senate aide on the Health and Education committee, informing Kirsch that the event "really fired up our members."[95]

---

[92] Cramer and Novick, *HCAN Evaluation*, 9.
[93] Jonathan Cohn, "How they did it," *New Republic*, 241, no. 9 (June 10, 2010), 14.
[94] Starr, *Remedy and Reaction*, 220 (on Emanuel and Biden), 231 (on Brown victory); interview with Doneg McDonough, March 11, 2014; interview with anonymous Congressional staffer, October 16, 2013; interview with senior Congressional aide. See also Skocpol, "Naming the Problem," 44. See also the comments of Jack Ebeler, October 8, 2013 on HCAN's keeping pressure on the House and Senate after Brown's victory.
[95] Kirsch, *Fighting for Our Health*, 331-333 (quotes on 333).

The metaphoric parallel here makes its own implicit claim of impact; just as the crowd was cheering on the marchers and giving them a boost of energy to help make it to the "finish line," the event itself would do the same for the legislators and their staff in the weeks before the final vote. Stier makes something of a similar claim, though his hedging makes clear that it was based more on intuition than empirical evidence or a consideration of a counter-factual:

- "I've often wondered how much difference Melanie's March made to passing health care reform. When legislation passes both the House and the Senate with few votes to spare, almost every major action can claim to have had an effect on the final vote. So it's hard to conclude that the march made no difference at all. The millions of congressional contacts generated in part by our march certainly had some impact on a member or two. The final event in the Dirksen [Senate] room certainly helped energize our Senate champions and helped give them the strength they needed to go back one more time to twist some arms or cut a deal for a vote we needed."[96]

The other evaluative challenge in reviewing HCAN's impact in the final weeks of the campaign was disentangling HCAN's role from the narrative of Speaker's Pelosi's mastery of vote counting. Pelosi's admirers often describe these powers in seemingly mystical terms and in a way that grants little space for HCAN in considerations of its home-stretch impact. To cite just one example, Jack Ebeler credits Pelosi for keeping moderates and progressives on board for the final vote. He described the "miracle that then-Speaker Pelosi pulled off in the House," in managing House moderates while bringing a caucus along "to voting yes on a Senate bill that they swore they would never vote on." This "management of your base is a key governance task" that he considered "way outside of philanthropy," and implicitly, of HCAN's contribution.[97]

Ultimately, then, it is difficult to substantiate strong claims of impact for any one particular HCAN initiative, beyond a reliance on the testimonies of a handful of members of Congress, policy analysts and health care advocates. As the assessment from HCAN's legislative director Doneg McDonough cited earlier suggests, an evaluation of HCAN's impact on the passage of the ACA combines both certainty toward the general claims and "fuzziness" toward particular ones.

A similar conclusion was reached in the evaluation commissioned by Atlantic Philanthropies, conducted by Dan Cramer of Grassroots Solutions and Tom Novick of M+R Strategic Services. The evaluators adopted a rather oblique methodology: they enumerated eight traits of successful advocacy work, based on evaluations they had previously conducted, and then determined the extent to which HCAN exhibited these characteristics. The report, frequently referenced above, provides valuable details regarding stakeholder attitudes toward HCAN. The ultimate result was an affirming if

[96] Stier, *Grassroots Advocacy*, 92. Melanie's March was a march from Philadelphia to Washington D.C. in support of health care reform.

[97] Interview with Jack Ebeler, October 8, 2013. See also interview with anonymous Congressional staffer, October 16, 2013 ("Nancy Pelosi is the only reason why we have health care reform"). See also Jonathan Cohn's account in "How They Did It," which credits Pelosi with preventing a Democratic stampede away from HCR after Brown's victory.

measured assessment of the coalition's influence. "Given the number of players in this space, it is difficult to gauge HCAN's precise impact and influence on the legislation. However, based on our evaluation, we can say with certainty that HCAN was a major contributor to passing health care reform."[98]

HCAN in a Crowded Field:

This quote from the Atlantic evaluation addresses another major challenge in gauging HCAN's impact on the passage of the ACA: the "crowdedness" of the field. Not only were there a number of other large advocacy organizations that pushed for the passage of the ACA alongside HCAN. Organizing for Action, the Obama campaign's grassroots organization, "made 1.5 million calls to members of Congress, and wrote and delivered 360,222 personal letters to Congress." AARP, for its part, "collected 1,619,000 signatures on petitions in support of health reform and generated 1,278,000 emails and faxes to Congressional offices. The organization also ran TV ads and sent 39.4 million pieces of mail to its members."

There were also a handful of other funders who pushed and promoted HCR. As Judy Feder, a policy expert on health care at Georgetown explains, Atlantic's support for HCAN was "only a small part of what philanthropy does and did" to promote HCR. In fact, several officials at other funders with whom I spoke raised a related point, suggesting that a deliberate focus on Atlantic's funding of HCAN threatened to obscure the contributions of other funders towards the passage of the ACA. As a program officer at another funder involved in health care reform reported to me, there had been much "eye-rolling" from the broader philanthropic community in regard to the heavy emphasis that Atlantic placed on the impact its funding of HCAN had on the passage of the ACA. This officer pointed out that the recent campaign for HCR had been a lengthy one, sustained over more than a decade by other funders and that Atlantic intervened relatively late in the process. This individual did not mean to dismiss HCAN's role, but simply to point out that in some accounts, the organization often seemed to monopolize the credit for the passage of the ACA to the disadvantage of other funders. Officials within Atlantic seemed to appreciate this, to some extent, even as they promoted their funding of HCAN as a model of philanthropic impact. At a November 2010 Atlantic-sponsored event to discuss what lessons funding of HCAN could hold for advocacy more generally, Antha Williams, then the foundation's advocacy executive, noted that Atlantic's grants "built on long-term investments in health care by others like Robert Wood Johnson, Nathan Cummings and California Endowment. Atlantic has the legal ability to fund lobbying and legislative work directly so we could come in for the 'final push.'"[99]

---

[98] See also Cramer and Novick, *HCAN Evaluation*, 1 ("Given the incredibly crowded health care reform ecosystem, it is hard to assign credit for ultimate passage of the bill to any one individual entity or campaign—a point that was made repeatedly during our interviews"). Cramer and Novick detailed their methodology during a live chat sponsored by Atlantic Philanthropies on November 30, 2010, "Effective Advocacy: Lessons for Charities and Grant Makers," which can be accessed at http://www.atlanticphilanthropies.org/learning/chat-effective-advocacy-lessons-charities-and-grant-makers. Cramer and Novick, *HCAN Evaluation*, 11.

[99] As one anonymous source explained, "Sometimes if you read [HCAN's] documents you would come to conclusion that they were the only ones doing [advocacy work] and that was not the case. There were many centers of mobilization and they were among the most prominent and most supportive among a lot of different groups who came to the process." Interview with anonymous. Marc Stier discloses that the leaders

These comments point to a particular danger inherent in the evaluation of advocacy work: the "final push," where impact is easier to document, can overshadow the work that set the stage for the climactic intervention. This seems to be particularly challenging when gauging the impact of research-oriented funders, who often operate under the banner of non-partisanship and do not promote the impact of their work on public policy as aggressively as advocacy-oriented funders. In the final section of this report, I will consider the contributions of some of these other funders of HCR—both those that focused on research and those that focused on advocacy. The analysis of the contributions of these other funders will not be a thorough as my treatment of Atlantic and HCAN; I will only highlight a handful of the projects that the funders supported related to health care reform and will leave many of the provisions within the ACA, whose lineages likely intersected with philanthropy at various points in the past, unaddressed. The report should, however, give some perspective on the broader landscape of philanthropic support for HCR and of the challenges that the terrain holds in evaluating any particular initiative.

VIII. **Background on Other Funders**

As suggested above, if Atlantic can claim some degree of impact through its funding of HCAN, a host of other funders helped set the stage for that intervention. Atlantic then must share credit with a number of other foundations, both those that supported policy advocacy and those that supported research and policy analysis related to health care reform. Most significantly, these other foundations played a key role in establishing the "reform consensus" that emerged in the first decade of the new century.[100]

It is worth noting that there was a considerable degree of cohesiveness among the multitude of funders invested in the promotion of HCR during the period leading up to the passage of the ACA, which further complicates the task of isolating the impact of any particular one of them. One lesson the philanthropic community devoted to health care reform took from the defeat of Clinton's efforts in the '90s was the need for increased coordination, if not active collaboration, between funders who sought to support the cause. Grantmakers In Health (GIH), under the leadership of Lauren LeRoy (who arrived in 1998 with the explicit mandate for the GIH to build bridges between health philanthropy and the policy community) took the lead in convening funders interested in health care reform, holding biannual meetings of foundation leaders on the topic. By 2007, when it became clear that the passage of comprehensive reform was possible, this coordination began to take place outside the auspices of GIH as well, as interested policy analysts and senior program officials from those foundations most committed to health care reform held regular telephone conferences about advancing reform, with some

---

of Pennsylvania Health Access Network (PHAN), an advocacy organization funded by RWJF through Community Catalyst, and that partnered with PA HCAN, believed that HCAN was monopolizing credit for events. After the ACA passed, when PHAN put out a publication detailing its work to pass the legislation, it pointedly did not mention HCAN. Stier, *Grassroots Advocacy*, 102, 117-119. Kirsch, *Fighting for Our Health*, 269; interview with Judy Feder, November 4, 2013; "Effective Advocacy: Lessons for Charities and Grant Makers," November 30, 2010.

[100] Starr, *Remedy and Reaction*, 177.

focused on the public debate and some on the legislative arena. These talks did not necessarily lead to explicit programmatic coordination but did allow funders to have a better sense of the landscape of reform and paved the way for even greater coordination in the promotion of the implementation of the legislation. There was also an even less formal sort of coordination among the research-oriented funders of HCR—most prominently, the Robert Wood Johnson Foundation, the Kaiser Family Foundation and the Commonwealth Fund—as each developed (non-exclusive) areas of concentration and played off the research strengths of the others. In this way, research into the three domains of health care policy—access, quality, and cost—developed symbiotically.[101]

Research Funding:

The impact of philanthropically supported HCR research and analysis can be understood in two ways:

- Research built the case and mobilized support for national HCR when the cause was in political abeyance, which helped build a sense of urgency for reform when the policy window began to re-open.[102]
- Research provided specific policy models that were available when the time came to craft legislation and supplied analysis that could support members of Congress and their staff during the legislative process.

As Jonathan Cohn, a leading health care journalist, explains, this research base provided a foundation for the reform consensus that emerged in the mid-2000s. When the Democratic candidates rolled out their health care proposals in 2007, the research and data were ready to support them. "Researchers had done the modeling, so reformers had concrete material they could use to craft and defend proposals, as well as data about what the status quo was really like."[103]

As Cohn suggests, the significant contributions made by research-oriented funders in the decade before the passage of the ACA add another dimension to the historical comparisons analysts have established between the efforts on behalf of HCR in 1993-1994 and in 2009-2010. Such comparisons are most often made to underscore the significant impact of advocacy (and largely the work of HCAN). But another key difference was that the intervening decade produced a large amount of research supporting the cause of HCR, what Georgetown's Judy Feder calls the "ammunition" required for a sustained "political debate." In fact, according to the Commonwealth

---

[101] According to Lauren LeRoy, President Bush's veto of the State Children's Health Insurance Program (S-CHIP) in 2007 helped to galvanize funders and to encourage greater collaboration. Interview with Lauren LeRoy, June 25, 2014. Interview with Lauren LeRoy, June 25, 2014 ("It wasn't so much that they were trying to come to some kind of a collaborative arrangement, where they all locked arms and marched together with some kind of a plan. That's pretty hard in philanthropy. But they wanted to be up to date with what the others were doing… But whatever they did they all did separately. They never put money in a pool or came up with a joint agenda. But they got a lot tighter, in terms of the relations between the people involved"); interview with Sara Kay, October 10, 2013; McDonough, *Inside National Health Reform*, 27; interview with Karen Davenport and Judy Waxman, June 6, 2014.

[102] For the importance of such work, see Teles and Schmidt, "Elusive Craft," 9 ("If work is not being steadily done during the abeyance period (such as the expert analysis, coalition-building, and legislative design work on health reform undertaken during the 2005-2008 period), then opportunities may be missed or at least left relatively unexploited when the political weather changes.")

[103] Interview with Jonathan Cohn, June 3, 2013.

Fund's John Craig, after the defeat of President Clinton's health care reform effort, there was a sense among many within the health services research community that they had not been adequately prepared to meet the window of political opportunity that had opened, a reckoning that prompted a commitment to be ready when the next major opportunity presented itself. Much of the subsequent funding into HCR-related research can be understood in the light of that commitment.[104]

- It is clear that specialized policy knowledge and research was a valued commodity on Capitol Hill. Nearly all the analysts and Congressional staffers with whom I spoke mentioned frequent consultations with representatives from research-oriented foundations, as well as the prominent place granted to these representatives at public hearings dedicated to the topic of HCR.
- But as one senate staffer stressed to me, the time period in which the policy window is open—when Congressional staff are actively searching for ideas they can mold into legislation, and when the boundary between the research community and the policymaking community is most permeable—can be quite short, and this was the case with the ACA. Once the window has closed, and policy-makers have moved on to negotiations with each other and the stakeholders, the staffer claimed, it is difficult for the research community to inject new ideas into the policy-making process.
- Jonathan Oberlander voices another counter-argument to the causal weight granted to this health reform research, pointing out that although there was an impressive amount of research produced between the failure of HillaryCare and the passage of the ACA, there was still a considerable amount of research on the condition of the uninsured available to pro-reform advocates during 1993-94. "If you matched up when health reform is on the agenda, it does not correlate well with spikes and changes and amounts of reports produced." The main determinative factor in Oberlander's estimation was existing political and partisan vicissitudes. "The counter-factual is that if you had elected a Democrat in 2008 and there hadn't been as many reports, would they still have pursued this?" Oberlander thinks they would have, because historically, when Democrats assumed the presidency, they have sought health care reform.
    - "I like those reports, I use those reports. But what matters more is the partisan balance. If R's are the majority in the House, do they care how many reports RWJ has put out? If you had the House majority in 2009 that you had in 2011, would you have had health reform? No. They [Republicans] don't care about RWJ reports. If those reports are really important—and RWJ likes to be nonpartisan—how come you didn't get one vote for them on the other side? The reports were useful, they added things to what we knew. But I think much more important was Democratic consensus on what a model was like."[105]

[104] Interview with Judy Feder, November 4, 2013; interview with John Craig, May 9, 2014.
[105] Interview with senior Congressional aide, December 23, 2013; interview with John Craig, May 9, 2014; interview with anonymous Senate aide; interview with Jonathan Oberlander, September 5, 2014.

Beyond this general critique, there are several problems that arise in evaluating this research-directed philanthropy, at least in regard to the passage of the ACA as a whole. The first is that, although it seems entirely plausible that the campaign to pass the ACA required a certain edifice of research, it is difficult to determine the relative importance of any particular research initiative or report within that structure. Furthermore, the legislative process that produced the ACA was so complex—the Senate Health, Education, Labor, & Pensions (HELP) Committee's markup of its version of the bill, for instance, was the longest in the Committee's history and among the longest in the Senate's entire history—and the research community was so crowded (including analysts and experts based in foundations, colleges and universities, think tanks, and governmental institutions, such as the Congressional Budget Office (CBO), which bulked up its health care research staff in anticipation of the campaign for national HCR), that it is very difficult to draw a straight line from any single research initiative funded by philanthropy to a particular provision or program within the ACA. When tracing backwards from a particular provision, often, several researchers were involved, with multiple funding streams. This makes constructing any clear, linear narrative of impact especially challenging.[106]

Philanthropy and the "Call to Action" report:

When discussing these evaluative difficulties with Chris Jennings, he suggested that I look at one of the major Congressional white papers published during the ACA campaign, since these documents contained extensive footnoting and would reference the sources on which they based their policy proposals (something which the actual legislation could not, obviously, do). He specifically pointed to the report produced by Sen. Max Baucus's Senate Finance Committee in November 2008, "Call to Action," which exhibited the key elements of the health care reform consensus. Baucus later called the white paper "the blueprint from which almost all health care measures in all bills on both sides of the aisle came."[107]

- I reviewed the white paper, though not systematically (i.e., I did not look into the funding received by every one of the more than a hundred scholars cited in the notes). The footnotes are full of references to reports and survey data produced by the Robert Wood Johnson Foundation, the Commonwealth Fund and the Kaiser Family Foundation. Sometimes the research cited provides data for supporting arguments made in the report; other times it is referenced in discussions of particular policy prescriptions that the foundations had a hand in crafting. I was able to verify that several of the scholars cited received philanthropic funding as well, even if their research was not published through a foundation. The white paper was also heavily reliant on articles published in *Health Affairs*, the leading health policy journal, which has been subsidized by the Robert Wood Johnson Foundation.[108] Similar and more extensive work

[106] Interview with John Craig, May 9, 2014; Starr, *Remedy and Reaction*, 190; McDonough, *Inside National Health Reform*, 83.

[107] For background on the "Call to Action" report, see Brill, *America's Bitter Pill*, 73-79. Senate Finance Committee Chairman Max Baucus, "Call to Action: Health Reform 2009," November 2008; Interview with Chris Jennings, May 27, 2014; Brill, *America's Bitter Pill*, 196.

[108] RWJF has directed nearly $17 million to *Health Affairs* from 1992 to 2014. See "*Health Affairs* Supported by RWJF Since 1992," Program Results Report, updated February 1, 2012,

along these lines could help trace more direct vectors of influence between foundation-supported research and analysis and the policies put forward in the final ACA legislation.[109]

The other challenge in determining the causal weight that should be assigned to grant research is that although much of the research produced likely had a hand in swaying public opinion or the attitudes of certain legislators, as RWJF's Andy Hyman pointed out, it is difficult to distinguish situations in which research convinced neutrally disposed policy-makers to adopt certain policies from those in which policy-makers sought out research that confirmed their preferred policy outcomes. This second scenario does not necessarily negate research's impact, since it could bolster a member's commitment to reform, but it does suggest a reduced or indeterminate causal weight.[110]

IX. **Robert Wood Johnson Foundation**

Background:

The largest player in health care reform philanthropy has been, since its establishment in 1972, the Robert Wood Johnson Foundation (RWJF). The foundation has spent hundreds of millions of dollars on research and advocacy on the issues of health care coverage, quality, and cost. Its impact has been undeniable and yet it presents several broad evaluative challenges. The first is that the resources at its disposal can create a presumption of impact that might blunt a healthy skepticism toward its work. The second relates to the foundation's communications strategy. It, more than any other funder in the field, has embraced a program of publicizing its own evaluations of its work

---

http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2012/rwjf72199. For citations to *Health Affairs*, see p. 10, note 16; p. 11, note 18, 24, 32; p. 12, note 40; p. 34, note 58; p. 60, note 2; p. 63, note 51, 54, 59, 64, 68; p. 82, note 2; p. 83, note 25, 26; p. 84, note 41; p. 85, note 58; p. 86, note 81.

[109] For material in "Call to Action" from the Kaiser Family Foundation, see p. 10, note 10, 12; p. 32, note 14, 15; p. 33, notes 20-22, 24, 38; p. 34, note 42-44; p. 35, note 68, 69, 75. For references to Kaiser tracking polls and other surveys, see p. 10, note 2; p. 12, notes 43-45. For references to the Kaiser Family Foundation "Employer Health Benefits Survey," see p. 2, note 6; p. 11, note 20, 22. For references to material produced by the Kaiser Commissions on Medicaid and the Uninsured, see p. 35, note 63. For reference to the work of the Commonwealth Fund in seeking to reduce the number of uninsured through an increasing Medicaid enrollment, see p. 23. For citations to research material produced by the Commonwealth Fund, see p. 10, note 15; 32, note 9, 18; p. 63, note 50; p. 64, note 79; p. 82, note 4. For material from the Commonwealth Fund's National Scorecard on the U.S. Health System Performance, see p. 11, note 30; p. 62, note 44. For use of Congressional testimony from Karen Davis, Commonwealth's president during the ACA campaign, see p. 10, note 14. For citations of the work of scholars and researcher supported by the Commonwealth Fund, see p. 10, note 9 (Stan Dorn at the Urban Institute); p. 63, note 52 (Lawrence Casalino); p. 63, note 54, 58 (Gail Wilensky); p. 83, notes 14, 17 (Eric Campbell). For citations of research material from RWJF, see p. 11, note 17. For citations of work from scholars supported by RWJF, see p. 10, no. 6 (Richard Roetzheim); p. 60, notes 1, 3 (James Macinko); p. 83, note 37 (Ha T. Tu); p. 85, note 58 (Robert Berenson). For citations of research provided by Georgetown University Long-Term Care Financing Project, which received support from RWJF, see p. 85, note 65, 66. For citations of research from the National Committee for Quality Assurance, which was established with support from RWJF, see p. 61, note 13. For citations of research from Institute of Medicine reports, which received support from the Commonwealth Fund and RWJF, see p. 11, note 32; p. 12, no. 39; p. 61, note 19, 20, 21.

[110] Interview with Andy Hyman, September 30, 2013.

(through its Program Results Reports, which it has made available online, and through its published *Anthology*, which features reviews of the foundation's work in key program areas). Although this material is undeniably helpful for an evaluation of the foundation's role in the passage of the ACA, there is also a danger of confusing this wealth of available material with the scale of impact itself. This is especially the case when comparing the foundation's impact to those of other foundations that have published and released considerably less material on their operations and achievements.

These challenges are compounded by the fact that the foundation has traditionally been extremely concerned about preserving its nonpartisan status and has been reluctant to align its work too closely with any particular policy prescription or legislative outcome. This tendency has made determining the foundation's impact on the passage of comprehensive health reform legislation exceedingly difficult. Perhaps RWJF's strongest claim is that, after the failure of the Clinton health care proposal, as some funders retreated from the field, the foundation helped train a spotlight back on the need for health care reform. "After HillaryCare failed, people went running for the hills," recalled Andy Hyman, who serves as the senior program officer in charge of coverage programs at the foundation. "But RWJF kept its eyes on the prize." That is, RWJF's claims for impact were strongest in the policy wilderness, when the policy outcomes seemed furthest off in the distance (and where evaluations of eventual impact are especially difficult to produce).[111]

But once the push for health care reform and universal coverage became more closely aligned with the support of a particular piece of legislation (what would become the ACA), and once those experts, researchers and advocates had actual bills to focus on, RWJF's own visibility within the campaign—though not necessarily its commitment to the cause or its support for research and policy analysis—declined, as the foundation took special efforts not to upset prohibitions on foundation lobbying. At this point, the foundation, for all its investments in the cause, supported advocacy for health reform legislation warily. Furthermore, though it endorsed the need for health care reform, it did so through broadly defined principles amenable to the foundation's board, and rarely through specific policy prescriptions. It is not surprising then that for all the material that RWJF has produced, there is little analysis of the impact of its programs and funding specifically on the ACA. This report represents a modest attempt to provide such analysis, but given the scores of RWJF programs at play, additional work is necessary to complete a thorough review.[112]

In the Foundation's early decades, many of its investments were directed toward multi-state demonstrations of new approaches to improving access to health care for all

[111] But as John Lumpkin, director of the health care group at RWJF points out, after the debacle of the mid-'90s, the foundation did significantly decrease its focus on national health care reform and did not fully return to the issue till the early 2000s. Interview with John Lumpkin, June 23, 2014.

[112] During our two interviews, Andy Hyman was also particularly resistant to making claims for impact on the ACA. But he also conceded the foundation's wariness affected the material they released to the public. "This is a pretty political area and it was important to manage our role as a neutral convener and funder of evidence-based analysis." Interview with Andy Hyman, September 30, 2013, June 17, 2014. Interview with John Lumpkin, June 23, 2014; interview with David Morse, June 18, 2014; James R. Knickman and Kelly A. Hunt, "The Robert Wood Johnson Foundation's Approach to Evaluation," available online at http://www.rwjf.org/content/dam/farm/books/books/2012/rwjf404778.

Americans. In 1980s, the foundation initiated a program to make private health insurance more affordable; the disappointing results of the program convinced Foundation leaders that universal access to health care would not be possible without some degree of governmental action. The Foundation first turned its attention to the state level, but in the 1990s, it saw an opportunity in President Clinton's efforts to pass national health care reform. The Foundation held a number of town hall meetings with leading officials from the Clinton Administration (despite Foundation efforts to recruit them, it was unable to secure participation by Republicans) as well as with "health care experts, providers and concerned citizens." It also funded a series of television specials on health care that ran on NBC in March 1993 and June 1994 and spent $1 million more to advertise them. The content was left in the hands of the network but conservatives attacked the foundation for partisan meddling on behalf of the president's policy. Its nonpartisan credentials badly damaged, after the Clinton planned failed, RWJF retreated from the national scene, "adopt[ing] a more cautious stance that supported state initiatives to expand health insurance coverage," and focusing on expanding coverage for children, through the Children's Health Insurance Program (CHIP). As Jack Ebeler, who served as the first director of the foundation's Health Care Group, explains, foundation officials "started with the strategy that since you don't know when reform is going to come back," they needed to ensure that CHIP worked effectively. "If you are going to be arguing for future interventions, you have to make sure the current ones are actually reaching people." By the mid 2000s, however, leading RWJF officials had become certain that "while health care is delivered locally, it cannot be made available to all without a change in federal policy," and so began to refocus on national reform, even as reform's immediate political prospects seemed unpromising. But they sought to do so in a way that would preserve their commitment to nonpartisanship and that took a lesson from their controversial close engagement with the Clinton plan.[113]

Throughout its history, RWJF has also directed a great deal of support to research on health care and health care coverage around the issues of cost, improved quality of care, and expanded coverage. In the early 2000s, the foundation funded a major research project with the Institute of Medicine (IOM, the health arm of the National Academy of Sciences) that sought to detail the dire consequences of the lack of health insurance. The IOM's Committee on the Consequences of Uninsurance published a six-volume *Insuring America's Health* in 2004 and, with the explicit intent of influencing the campaign for HCR, updated the work in *America's Uninsured Crisis: Consequences for Health and Health Care* in 2009. The findings of the reports received considerable press coverage

[113] James Morone, "The Robert Wood Johnson Foundation and the Politics of Health Care Reform: Communications, Advocacy and Policy Development," in *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology*, vol. XII, eds. Stephen L. Isaacs and David C. Colby (San Francisco: Jossey-Bass, 2008), 3-16 (quotes on 14); James Knickman and Stephen Isaacs, "The Robert Wood Johnson Foundation's Efforts to Improve Health and Health Care for all Americans," in *American Foundations: Roles and Contributions*, eds. Helmut Anheier and David Hammack (Washington, DC: Brookings Institution Press, 2010), 143-144; interview with Jack Ebeler, October 8, 2013; Robert Rosenblatt, "The Robert Wood Johnson Foundation's Efforts to Cover the Uninsured," in *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology*, vol. IX (San Francisco: Jossey-Bass, 2005), 4, accessed online at http://www.rwjf.org/content/dam/farm/books/books/ 2006/rwjf12091.

and, according to one observer, shaped subsequent Congressional debates about HCR, helping to convince the public that "it actually matters if people have coverage."[114]

Over the last decades, and especially since Risa Lavizzo-Mourey became president in 2003, RWJF has focused much of its attention on establishing and sustaining the movement to improve the quality of American health care. The RWJF *Anthology* claims that the foundation "spurred the creation of a field" by "funding research, strengthening the capacity of researchers, financing demonstration projects, developing standards, supporting professional organizations, and backing champions who have played and continue to play critical leadership roles." According to several of the analysts with whom I spoke, this research, which I will address in greater detail below, provided an important knowledge base for the campaign to pass the ACA, although its overall impact is difficult to determine.[115]

One of the most often cited initiatives was RWJF's funding of a 2003 RAND Health study that was "the largest and most comprehensive" examination to date of "health care quality in the United States" and which found that "just 55 percent of adults get health care that meets quality standards." The study focused attention on both health care waste and underuse of care. As Georgetown health care policy analyst Judy Feder explains, the RAND study was an extremely important tool for advocates of HCR during the campaign for the ACA, since it allowed them to talk about cost containment without endorsing care rationing: "Care coordination and the argument that we could enhance quality while lowering costs was transformative in the way we talk about health costs."[116]

Also cited was RWJF's support for the Dartmouth's Institute for Health Policy, whose Dartmouth Atlas demonstrated the geographic variances in spending on healthcare and underscored the high percentage of medical spending attributable to waste and to healthcare that patients did not really need. According to Elliott Fisher, who co-directed the project, RWJF "was critical in being patient enough to let us do the research," though it took longer than any expected to complete and its focus made some of RWJF's Board uncomfortable. "This was research that made everyone else in health care squeamish… RWJ gets tremendous credit during that period for having backed a high risk venture."

RWJF supported research by Fisher and a team of other experts that led to the publication of a paper in February 2003 that documented regional variations in Medicare

---

[114] The findings of the Committee were discussed in many Congressional hearings. See for instance, Subcommittee on Health, House Committee on Energy and Commerce, Hearing on Uninsured and Affordable Health Care Coverage, February 28, 2002. For press coverage of the Committee's report and publication, see *New York Times*, August 23, 2009. Yet for coverage of the report's findings that suggests some challenges to its conclusions about the ill-effects of uninsurance, see Ruth Marcus, "A Healthy Dose of Caution," *Washington Post*, March 24, 2010. See also Morone, "Robert Wood Johnson Foundation," 19 ("For many participants in the SCHIP renewal debate, the IOM report became the standard for analyzing the gaps in coverage and their consequences; and the often-repeated findings—18,000 deaths a year, a threefold risk of morbidity for many conditions—set the tone for the struggle to reach consensus over children's health insurance"). Interview with Andy Hyman, September 30, 2013, June 17, 2014; interview with anonymous source.

[115] Carolyn Newbergh, "Improving Quality of Care," in *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology*, vol. XI (San Francisco: Jossey-Bass, 2007), 1, 7.

[116] Newbergh, "Improving Quality of Care," 3, 5; interview with Judy Feder, November 4, 2013; RAND Corporation news release, June 25, 2003; available at http://www.rand.org/news/press/2003/06/25.html; interview with senior Congressional aide, December 23, 2013.

spending and that Fisher claims was "the first empirical study to show how much is wasted in US health care." That idea is now taken for granted, Fisher states, but it was not always so. "I do think it goes back to that original RWJ study. [Researchers] don't necessarily even cite it in their papers or in their reports. But it's how we got them to pay attention to [waste]."

After more of the Dartmouth Atlas research was published, RWJF also lent its communications expertise to the Dartmouth Institute, supporting its efforts to publicize their findings. It was through this effort that the "More care is not better care" framing was formulated. As Fisher recalls, the RWJF-affiliated and funded communications officer that was assisting him "really helped me to figure out how to message it. He got me in to see Democrats and Republicans."

Peter Orszag, who served as director of the CBO during the ACA campaign, seized on this research as evidence that it was possible to reduce spending on health care without reducing quality of care, which fed Orszag's efforts to link health care reform to the nation's fiscal health more generally. Dartmouth's research also inspired an influential article in the *New Yorker* by Atul Gawande that, according to the *New York Times*, "became required reading in the White House." In a key meeting with Democratic senators, Obama presented the article, claiming that it had "affected his thinking dramatically" and that it represented precisely the problem that health care reform must address. The Dartmouth research was subsequently challenged by a host of scholars, but its influence on the campaign was undeniable.[117]

When the prospect of health care reform improved with the likely election of a Democratic president in 2008, RWJF cautiously accelerated its commitment to funding research, this time with an eye toward informing the policy debate. They initiated a project called Legal Solutions, with Georgetown Law School, that attempted to anticipate the legal issues that would likely arise if HCR legislation passed, writing briefs, for instance, regarding the constitutionality of the individual mandate. RWJF also worked with the National Academy of Social Insurance to anticipate the management and administrative challenges that health care reform would create. "The idea behind" these projects, Hyman explains, was that if "policy makers are going to take this on, let's support the process by anticipating the wide variety of issues health reform will raise."

The foundation also funded a series of reports from the Urban Institute, "Health Reform: The Cost of Failure," which featured a simulation model that could predict the impact of the failure to reform health insurance on premiums, enrollment, number of uninsured people, and other outcomes. In a series of three reports, the data was cut in terms of cost to the nation as a whole, to each state, and to different populations (students, individual workers, minority groups). According to RWJF's John Lumpkin, several members of Congress pointed to this research when explaining their commitment

[117] RWJF also funded a number of researchers who challenged the findings of the Dartmouth study, several of which used methods that Fisher and his colleagues subsequently argued were flawed. The controversy, however, led to increased skepticism about the conclusion that substantial saving would be possible. Interview with Elliott Fisher, July 2, 2014; email from Elliott Fisher to author, November 19, 2014. Interview with Andy Hyman, June 17, 2014; Cohn, "How they did it," 16; interview with Elliott Fisher, July 2, 2014; email from Elliott Fisher to Benjamin Soskis, July 17, 2014; interview with John Lumpkin, June 23, 2014; Atul Gawande, "The Cost Conundrum," *New Yorker* 85, no. 16 (June 1, 2009), 36-44; *New York Times*, June 9, 2009, February 18, 2010; interview with Judy Feder, November 4, 2013.

to supporting health reform (I was not, however, able to verify this claim). "Amidst all of the discussion of the cost of acting," notes Jack Ebeler, "it was very helpful to keep the cost of not acting on the radar screen."[118]

RWJF also took a number of steps that led it to wade even deeper into the policy-making process, testing the limits of the foundation's commitment to bipartisanship. In 2008-2009, RWJF hosted a "health care university" for congressional staff that met every Friday. The forum was bipartisan, though the turnout skewed Democratic (especially in regards to House staff) and featured speakers that the foundation would bring in to address specific questions the staff had on health policy. The briefings were run by the bipartisan Alliance for Health Reform, which had worked for RWJF for more than a decade to provide information and analysis on health care policy to policymakers. In all, the Alliance conducted 12 briefings on Capitol Hill "for more than 4,000 congressional and executive-branch staff, reporters, and representatives of health-related organizations."[119]

RWJF also funded a health care reform project spearheaded by the Bipartisan Policy Center (BPC), founded by former Democratic congressional leaders Tom Daschle and George Mitchell and former Republican leaders Howard Baker and Bob Dole. In the midst of the debate over HCR, the BPC released a health care reform proposal, which in many ways resembled the version that came out of the Senate Finance Committee (the proposal lacked a public option). The report reflected the emerging health care reform consensus and sought, according to the BPC, to "establish a constructive center in the often polarized debate about health reform." As John McDonough writes, the report "found agreement on four key policy areas, most of which found their way into the final ACA. They were preserving and improving quality and value; increasing access to health insurance in a reformed market, promoting individual responsibility, and securing adequate financing." The BPC report promoted the belief that common ground existed between the major stakeholders and that reform could be pushed forward without the rancor that accompanied Clinton's plan. But as McDonough makes clear, that hope masked the deeper disagreements over certain contentious issues that came to the fore once actual legislation was introduced. In this analysis, the BPC report's impact seems relatively modest, since it was the resolution of these issues that would ultimately determine the fate of the ACA. Chris Jennings, who served as an adviser to the BPC, adds that the report also gave some political cover to moderate Democrats who wanted to support reform without being branded as excessively partisan, which suggests a broader (if still undefined) conception of its impact.[120]

---

[118] Interview with Andy Hyman, September 30, 2013; June 17, 2014; interview with John Lumpkin, June 23, 2014; email from Jack Ebeler, June 17, 2014; interview with Chris Jennings, May 27, 2014.

[119] From 1999 to 2007, the Alliance for Health Reform held 27 briefings for congressional staff and received $3,627,386 from RWJF. The Alliance received $497,599 for their work in 2008-2009. "Briefing Congress and Journalists on Health Policy," Robert Wood Johnson Foundation Program Results Report, January 23, 2009; "Keeping the Press and Congressional Staff Informed About Health Care Policy," Robert Wood Johnson Foundation Grants Results report, August 2009, accessed at http://www.rwjf.org/reports/grr/051498.html. Interview with John Lumpkin, June 23, 2014; "Providing a Range of Perspectives on Health Care Policy," RWJF Program Results Brief Report, February 15, 2012; "Preparing Staff of Congressional Committees for the Health Reform Debate," Robert Wood Johnson Foundation Program Results Brief, January 13, 2010.

[120] Brookings' Thomas Mann doubted that Baker and Dole's efforts had any considerable influence on Senate Republicans, who he claimed did not place a premium on bipartisanship. *New York Times*,

RWJF supported a host of other funding initiatives directed toward health policy research and development that might be incorporated into an account of the passage of the ACA, but it is extremely difficult to determine the impact of any particular initiative with any degree of precision; and, as mentioned above, the RWJF has made little effort to do so themselves. This difficulty has much to do with the complexity of the ACA itself, and the multiple streams of research and analysis that fed into it. But it also seems related to the propensity of the RWJF to favor the advocacy of broad principles governing health reform over specific policy prescriptions, which some commentators have suggested has blunted the impact of the research the foundation has supported. The health care journalist Roger Rosenblatt made this claim in his review of RWJF's contribution to the campaign to cover the uninsured for the 2005 RWJF Anthology, well before the push to pass the ACA was underway:

- "Despite these efforts, such reports appear to have had limited influence on the debate. This seems to be a persistent theme in the Foundation's work toward the goal of universal coverage. It assembles ideas and information and then fails to promote them aggressively. Although it has endorsed a set of general principles enunciated by the Institute of Medicine for 'guiding the debate,' the Foundation has been reluctant to support aggressively any particular approach that might lead to stable and affordable coverage for all Americans."[121]

Rosenblatt's assessment also makes clear that research alone could not spark a political movement to achieve national HCR; it needed to be utilized by some broader political campaign or movement. An article on RWJF's efforts to improve quality of care in the *Anthology* makes a similar point regarding the series of reports the foundation funded in the 1980s and 1990s on the dire consequences of a lack of insurance: "[T]hese research efforts landed with a muffled thud" since "the public was not paying attention.[122]

This assessment suggests the Catch-22 defining the relationship between policy research and political mobilization: the public needs to be paying attention in order to make the most of the research and analysis generated by RWJF and other funders within the health reform community; but such research was also necessary to capture that attention. This seeming paradox can be resolved when especially compelling research and an opportune political environment converge, as they seem to have done in the mid-2000s with the emergence of the reform consensus. That convergence, in turn, relied heavily on the shifting conditions of, and economic pressures produced by, health care and health care delivery in the 1990s and early 2000s. As RWJF's John Lumpkin remarked, "Perhaps the biggest driver for health reform change…was the impact of the practices of the insurance industry on everyday people: the unaccountable rate increases, the frivolous

---

September 12, 2009. Starr, *Remedy and Reaction*, 211; "Former Senate Majority Leaders Baker, Daschle and Dole Release Bipartisan Framework for Comprehensive Health Reform," RWJF News Release, June 17, 2009; McDonough, *Inside National Health Reform*, 57-58; interview with Chris Jennings, May 27, 2014.

[121] Rosenblatt, "The Robert Wood Johnson Foundation's Efforts to Cover the Uninsured," 13.

[122] Newbergh, "Improving Quality of Care," 4.

cancelation of policies, the discrimination based on pre-existing conditions. Those were the basis on which everyone moved in to health reform."[123]

Covering the Uninsured – Strange Bedfellows:

In the early 2000s, a period in which the push to cover the uninsured lost much of its political momentum, RWJF worked to put the issue back on the political front-burner, or at the very least, to keep it incubated so that when political prospects improved, advocates would be able to take advantage of the opportunity. As Andy Hyman claims, the foundation "worked very hard to keep the nation focused on the problems caused by high levels of uninsurance. Indirectly, this helped ensure that in 2008-2009, there were policy experts, researchers and advocates who could effectively support and participate in the policy process. We weren't starting from scratch." Seeking to avoid the sort of controversy that accompanied their engagement with the Clinton reform effort, they sought to approach reform, according to Stuart Schear, who served as senior communications officer at the foundation, in a way that was "not only non-partisan but inclusive."[124]

Perhaps the most important program in this regard was RWJF's effort to bring together various stakeholders in the health care system and to work towards building a consensus among them. This had long been a prime strategy of RWJF and the foundation had made a similar effort at the community level to lower health costs. The Strange Bedfellows campaign was the foundation's most ambitious expression of this strategy.

- From the 2008 RWJF *Anthology*: "As the 1990s came to an end, universal coverage had again slipped from public view….At the Foundation, a newly organized interdisciplinary team faced the problem of health insurance coverage. The team reasoned that any meaningful action on health care was going to take bipartisan support and set about to build alliances. A great many parties agreed on the seriousness of the problem even if they disagreed—sometimes vehemently—on the solution… The Foundation helped facilitate a gathering of former rivals who wanted to get past their divisions. The first participants included Charles 'Chip' Kahn (the president of the American Federation of Hospitals, who, from 1998 to 2001 had been president of the Health Insurance Association of America, which had sponsored the infamous Harry and Louise ads ripping Clinton's national health insurance plan) and Ron Pollack, the executive director of Families USA (a strong proponent of universal health insurance)."
- Again from the 2008 *Anthology*: "Before long, the conversation expanded to include other organizations that normally clashed with one another: the United States Chamber of Commerce and the Service Employees International Union, the American Medical Association and the American Nurses Association, the American Hospital Association and the Catholic Health Association of the United States. The group included national leaders like Howard Dean (then

[123] As John McDonough writes, "In the 1990s, health spending as a percentage of GDP leveled off for a brief number of years as managed care reached critical mass; then, in the 2000s, excess spending again broke loose." McDonough, *Inside National Health Reform*, 26. Interview with John Lumpkin, June 23, 2014.

[124] Interview with Andy Hyman, June 17, 2014; interview with Stuart Schear, August 11, 2014.

governor of Vermont and a champion for liberal Democrats) and Dick Armey (then a Republican representative from Texas and a conservative leader), John Sweeney (president of the AFL-CIO), and Tom Donahue (then the president of the U.S. Chamber of Commerce). But all of them were ready to seek a second-best option that was more than nothing and to put coverage back into the national dialogue. On January 13, 2000, the group held a formal conference at the National Press Club in Washington, D.C.—and the Strange Bedfellows coalition was born…The Strange Bedfellows focused on promoting the message that losing health insurance could happen to anyone. They sponsored a series of advertisements that brought home the point developed in the Institute of Medicine report on the uninsured: the consequences could be devastating."

- The Foundation also commissioned a number of surveys and polls that demonstrated public support for expanded coverage. In July 2001, the Foundation allocated $9.5 million for a national ad campaign—the "Covering the Insured Campaign"—that emerged from the Strange Bedfellows conversations, promoting the cause of expanded coverage, though without endorsing any particular policy reform.[125]
    - According to a RWJF Program Results Report on the campaign, "RWJF and its partners did not believe that this new ad campaign would lead to an immediate effort to solve the coverage problem. Their intent was to keep the issue alive and elevate it on the national agenda over time."
    - As David Morse, who served as vice president for communications at the Foundation, explains, the lack of actual policy prescriptions associated with the Covering the Uninsured campaign led to a critique, raised by some policy makers and RWJF officials, that it provided cover for those who did not truly want to see substantial national HCR achieved. Aligning themselves with RWJF allowed these clandestine reform opponents to claim the mantle of reform without committing to any serious proposal that might advance the cause.
- Again, according to the Program Results Report: "As part of its contract with RWJF, Public Opinion Strategies tracked the campaign's impact. After a 14-week run, the firm reported that 36 percent of opinion leaders surveyed recalled seeing the ads. In addition, polling showed a 10 percentage point increase—from 12 percent to 22 percent—in the proportion of Washington opinion leaders who viewed access to affordable coverage as a priority issue."[126]

There are two key issues that must be addressed when assessing the impact of the Strange Bedfellows campaign on the passage of the ACA. The first is the relationship

[125] Morone, "Robert Wood Johnson Foundation and the Politics of Health Care Reform," 9, 20.
[126] "Hundreds of Events Raise National Awareness During Covering the Uninsured Week," RWJF Program Results Report, April 17, 2003, p. 44, accessed at http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2007/rwjf72147, 18, 20; interview with David Morse, June 18, 2014.

between this RWJF-supported effort in the early 2000s to forge consensus and build relationships between the major HCR stakeholders and similar initiatives that sprung up toward the end of the decade. These latter efforts featured some of the same organizational players as appeared in the Strange Bedfellows coalition but sought more aggressively to sketch out a basic program for reform. In January 2007, a group of sixteen national organizations (including the AMA, AHIP, Families USA, the US Chamber of Commerce and Pfizer), working with a professional conflict mediator, announced its recommendations for broadening coverage. This effort, called the Health Coverage Coalition for the Uninsured, was organized largely by Families USA (the nonprofit established by tech entrepreneur Philippe Villers and run by Ron Pollack).[127] A number of other coalitions, formed around promoting healthcare reform that combined consumer advocates and industry groups, were established in the run-up to debate over the ACA, including the "Health Reform Dialogue" (comprised of 18 national organizations, including the AMA, the US Chamber of Commerce and Families USA) and the "Divided We Fail" coalition (spearheaded by the Service Employees International Union and including AARP and the Business Roundtable). These latter efforts went beyond vague principles and offered policy prescriptions, though they often avoided the most contentious issues. As the *Washington Post* declared in its coverage of the "Health Care Dialogue," it represented the "first time that such a varied mix of special interests…have coalesced around significant changes to the U.S. health system." It is these coalitions, as opposed to the Strange Bedfellows initiative earlier in the decade, that are most often cited in accounts of the passage of the ACA as helping to forge and secure the emerging health care reform consensus. And it is advocacy groups like Families USA, or the stakeholders themselves, such as SIEU, that have received most of the credit for instigating them.[128]

It is worth noting, however, that RWJF did help to fund these efforts, granting the Health Care Dialogue $500,000, and according to Andy Hyman, providing important organization and logistical guidance. The foundation, however, did not play a public role in the initiative as they had with Strange Bedfellows. It is also possible that RWJF's Strange Bedfellows coalition, at a more notional level, paved the way for subsequent efforts at health care coalition building by establishing the viability of the enterprise. A fuller understanding of the relationship between these efforts would help gain a better sense of the impact of the Strange Bedfellows program on the ACA campaign.[129]

---

[127] In 1981, Boston businessman Philippe Villers established the Villers Foundation. In 1989, the foundation changed its name to Families USA and became a public charity and advocacy organization, taking a leading role in promoting Clinton's health care plan. Because it is no longer primarily a grant-making institution, I did not focus on its role in the passage of the ACA, though it was active in the campaign and does deserve a significant place in the broader narrative of the role of philanthropy and the promotion of health care reform. One senior Congressional aide, for instance, cited the importance of research that Families USA funded, that demonstrated that the average American family paid more than $1000 a year in health care premiums to compensate for the unemployed. Interview with senior Congressional aide, December 23, 2013. *New York Times*, July 28, 1994.

[128] *New York Times*, January 19, 2007; *Washington Post*, March 28, 2009; McDonough, *Inside National Health Reform*, 57.

[129] Making a determination of the relationship between the two campaigns more confusing, some scholars have referred to the latter effort with the "Strange Bedfellow" moniker. See, for instance, Starr, *Remedy and Reaction*, 176, 191; *Washington Post*, march 28, 2009. Email from Andy Hyman, June 13, 2014;

The second question addresses the impact of these coalition-building efforts more generally on the passage of the ACA. In his account, John McDonough highlights not just the agreements that emerged over the seven months of negotiation of the "Health Care Dialogue," but also the persistence of discord, raising the question of what the precise achievements of the coalition were.

- According to McDonough: "In their final agreement, announced in March 2009, they reached consensus on some key principles. The goals were to expand health care coverage to all Americans; achieve more effective and efficient care; promote prevention and wellness; and reduce the growth rate for health costs—all of which were contained in the final ACA. Media coverage noted the nonagreement on financing, mandates, and a public-plan option. Because of the lack of an employer mandate and a public-plan option, the SEIU and AFL-CIO refused to sign the final statement. Intended to jump-start congressional consensus, the Dialog [sic] instead gave an early indication of how hard achieving reform would be on the crucial policy controversies."[130]

It is also clear that many of the stakeholders entered this dialogue directed by their own calculations of self-interest, already convinced of the need to promote some degree of reform. McDonough notes, for instance, that the American Medical Association, the Federation of American Hospitals, the medical-device industry trade group AdvaMed, the Business Roundtable, America's Health Insurance Plans (AHIP), and the Pharmaceutical Research and Manufacturers of America (PhRMA), all appreciated the need for reform and were willing to come to the negotiating table, deliberately resolving to steer a different course from the opposition of the previous decade. "Business, insurers, manufacturers, medical organizations were all calling for comprehensive reform, all issuing principles and priorities, all stating that doing nothing to fix health care was unacceptable. An era of health reform good feelings had broken out and lasted well into 2009." The Strange Bedfellows Coalition and the Health Care Dialogue encouraged and amplified this drive to reach a reform consensus, but the drive itself seemed to derive from a reckoning with troubling trends in the cost and delivery of health care.

These efforts did, however, provide forums in which the idea of consensus could be promoted and where some of its particulars could be hashed out; and at least one policy maker who had a hand in shaping the ACA believes that without them, the legislation would have been more difficult to pass. Chris Jennings listed the various dialogues among stakeholders in the run-up to congressional debate over HCR, along with the report on health care reform issued by the Bipartisan Policy Center, as making significant contributions to the creation of a sense of imminent political opportunity. Jennings suggested that the most important audience of such efforts at consensus building ended up being not Republicans, but conservative Democrats, who were wary of backing reform efforts in the absence of Republican support. Such demonstrations of coalition building convinced these Democrats that the HCR would not be defined by "radical" or

---

interview with Andy Hyman, June 17, 2014; "Families USA Produced a Report on the Dialogue on Health Reform," Robert Wood Johnson Foundation Program Results Report, Grant ID 64673, April 16, 2010.

[130] McDonough, *Inside National Health Reform*, 57.

"left-wing" approaches. According to Jennings, Senate Finance Committee chairman Max Baucus appreciated the efforts for precisely these reasons. Jennings believes that without the Strange Bedfellows conferences and without the efforts of the BPC, "moderate Democrats would have had a very hard time signing on to HCR." Ultimately, even if it can be argued that the reform coalition might have formed even without any philanthropic intervention, it is unlikely it would have been as robust or enduring as it was during the run-up to the ACA campaign.[131]

Cover the Uninsured Week:

According to the 2008 *Anthology*, "The early ad-hoc advertising [of RWJF's Covering the Uninsured/Strange Bedfellows program] eventually led to a focused national campaign, Cover the Uninsured Week, which first rolled out in 2003. The Foundation asked former presidents Gerald Ford and Jimmy Carter to serve as honorary cochairs and sponsored 880 events, from interfaith breakfasts to health fairs offering screenings and Medicaid enrollment."

According to a 2007 RWJF Program Results Report, "The campaign received coverage in at least 3,000 newspaper, magazine, television and radio stories with a potential, cumulative audience of 378 million people… According to RWJF, *Cover the Uninsured Week* ranked as the largest public awareness campaign ever conducted on the health and economic consequences of America's uninsured population." One media consultant cited in the Program Results Report made an even bolder assertion, suggesting that it represented the largest public education campaign in the nation's history.[132]

In what had become RWJF's dominant approach to reform during this period, the *Cover the Uninsured Week* initiative was constructed "to build up the demand for a solution to the coverage problem while steering clear of discussion about how to do that." At the hundreds of public events coordinated through the program, participants focused on the personal stories of uninsured Americans; although the foundation also commissioned research done by Families USA documenting the extent of uninsurance in the US (outlining the percentage of Americans who went without insurance for some part of the year, which gave a considerably higher total than figures produced by the Census Bureau, which only counted individuals who remained uninsured throughout the entire year). Overall, the foundation spent $19.8 million on the program (and received more than $3.5 million of contributions from other organizations, largely foundations) between 1999 and 2004, holding similar *Cover the Uninsured Weeks* during that period (the program ended in 2006).

- In the words of the 2007 Program Results Report, "Cover the Uninsured Week and the evolutionary process that led to it represented a significant departure from RWJF's traditional philanthropic role and grantmaking approach. Unlike most RWJF initiatives, this project did not involve awarding money to a researcher to study a health issue or to an organization to improve

[131] McDonough, *Inside National Health Reform*, 52, 55, 73; interview with Chris Jennings, May 27, 2014. See also Jonathan Oberlander, "Long Time Coming: Why Health Reform Finally Passed," *Health Affairs*, 29, no. 6 (June 2010), 1112-1116.
[132] Morone, "Robert Wood Johnson Foundation," 21; "Hundreds of Events," 1, 4, 44.

some aspect of the health care system. This was a direct use of RWJF resources—staff, funds and prestige—in an attempt to raise awareness about a key issue and influence the nation's health policy agenda. The mechanism was also not typical. Instead of creating a fully formed national program office and awarding a grant to a nonprofit or academic entity to administer it, RWJF staff built the campaign incrementally over four years of increasingly ambitious public education activities. The effort relied heavily on a series of contracts with for-profit firms expert in advertising, opinion polling and managing grassroots events. Hundreds of community organizations across the nation were also involved. RWJF staff was the hands-on manager of it all."

- As David Morse points out, by the final years of the program, when much of the effort focused on a push to re-authorize S-CHIP (State Children's Health Insurance Program), RWJF seemed to move even closer to the border of permissible advocacy, running ads about the importance of health insurance for children's health, for instance, in the states and districts of members of Congress who were on the fence on the issue of S-CHIP reauthorization.[133]

There is a lack of consensus regarding the efficacy of this initiative. Organizers noted some success in attracting Republicans to campaign events—and making expanded coverage a bipartisan issue had been one of the campaign's leading aims. Additionally, according to the RWJF Project Results Report, polling (both commissioned by RWJF and done independently) "showed that Cover the Uninsured Week had at least a temporary impact on awareness of the coverage problem."

According to the report, Public Opinion Strategies, which RWJF hired to evaluate the program, conducted multiple tracking surveys before and after the campaign. They found that:

- "Recall of the uninsured issue increased 12 percent among opinion elites sampled in five target cities where there was campaign advertising and in a separate national sample of opinion elites… By contrast, a survey of opinion elites in five non-target cities of similar size and location found no appreciable change in recall of the uninsured issue." (However, in a national sample of opinion elites, the recall rate also increased 12%).
- Public Opinion Strategies claimed that the recall was tied to the Cover the Uninsured Campaign, based on respondents' reports of RWJF-produced statistics or ads.
- According to the report, "Recall of 'Or' [the main pro-reform ad campaign] was 'exceptionally high' in the five advertising cities, with six out of 10 respondents saying they had seen it. People who saw the ad were more likely to rate the uninsured issue as personally important."[134]

However, the survey detected little or no increase among national opinion leaders as to the importance of expanding health insurance coverage among health care priorities. (There did seem to be an increase among Washington opinion leaders, though the polling

[133] "Hundreds of Events Raise National Awareness," 2, 3, 4, 24, 25, 39; interview with David Morse, June 18, 2014.
[134] "Hundreds of Events Raise National Awareness," 42, 45, 46.

firm could not say how much of it was based on *Cover the Uninsured Week*). Additionally, "Pre-and post-campaign surveys of a national sample of 800 voters found little or no movement in the importance of providing coverage to all Americans as a health care priority," although recall of the issue did increase.[135]

- According to the Program Results Report, "In a national poll conducted by the Kaiser Family Foundation in April 2003, several weeks following Cover the Uninsured Week, 62 percent of the respondents said they followed news stories about the uninsured 'very' or 'fairly' closely—up from 51 percent in October 2002 and 40 percent in February 2000. On another Kaiser question, 56 percent said that in the last month they had seen or heard news or information about the problem of the uninsured. Kaiser had no identical question in previous polling, but in May 2001 only 16 percent of people polled by the Harvard School of Public Health said they had seen or heard news in the previous week about a report on the consequences of not having health insurance."
    - "The Kaiser poll found that only 7 percent of the respondents recalled hearing specifically about Cover the Uninsured Week, but [Kaiser Foundation president Drew] Altman attached no significance to that, saying there is no reason people should know the name of the campaign itself."[136]
- According to the report, "RWJF's polling conducted outside of the campaign for an annual internal evaluation also picked up signs that the coverage issue had gained a higher profile. As reported by RWJF in *Scorecard 2003—Toward an Impact Framework*, a poll of more than 1,000 members of the public conducted in May and June 2003 found that coverage had replaced cost as the top health care concern, with 23 percent of respondents rating coverage as their first priority compared with 16 percent the previous year. Also, 31 percent of respondents reported reading or hearing news about the need to cover the uninsured, compared with 20 percent the year before. However, the poll also found that only 11 percent rated health care as one of the nation's top issues up from 7 percent in 2002 but far below the 55 percent found during the 1994 health reform debate and 21 percent near the 2000 election."[137]
- The RWJF report also points to a few possible political and policy outcomes encouraged by the campaign, including Democratic presidential candidates' offerings of "detailed plans for expanding health care coverage." However, the report provides no evidence linking the RWJF campaign to these candidates and cites one participant questioning that claim by arguing that "Historically, the Democratic Party has sought to use health care to its electoral advantage, and the presidential hopefuls would have embraced the issue whether or not there was a Cover the Uninsured Week."
- The RWJF Program Results Report also cited another participant in the project, Mary Grealy, president of the Healthcare Leadership Council, who claimed that "based on her conversations with lawmakers and their staffs," the

[135] ibid., 46.
[136] ibid., 46, 47.
[137] ibid., 47.

> Cover the Uninsured Week "was a factor in the Senate's approval of an additional $38 billion over 10 years" for the uninsured in the 2003 budget resolution. (House-Senate negotiators subsequently dropped the additional funds from the final budget measure).[138]

Several of the members of the philanthropy and health policy community that I spoke with provided a low estimation of the campaign's effectiveness, and several criticized it as a not particularly efficient use of philanthropic resources, given its substantial price-tag ($19.8 million). How should one interpret such feedback? It is possible it reflects resistance to RWJF's strategy of directing funding toward for-profit opinion shapers and not toward the research community, or of attempting to raise awareness of an issue without linking the effort to any policy prescription or political campaign. The Program Results Report quotes several participants warning against measuring the effectiveness of the campaign through any immediate legislative outcome and stressing that Cover the Uninsured Week (CTUW) must be regarded as part of a "long-term effort." Yet, a decade after the Week's initiation, when a legislative outcome was achieved with the passage of the ACA, it is not entirely clear how to incorporate the program into the broader narrative of the HCR campaign. This might reflect shortcomings of the program itself or the more general difficulty of measuring the impact of advocacy campaigns aimed at swaying public opinion in the long term.[139]

- RWJF's Andy Hyman suggested that the content of Cover the Uninsured Week might now seem "simple," but had significance merely in ensuring that the issue of the uninsured remained in the public's attention. This argument seems to hold some weight, though it also lays down a relatively low-bar for impact, since it would seem to accord nearly any program, no matter its content, a role in raising awareness of the problem of uninsurance.
- Karen Davenport, who was a program officer on RWJF's coverage team and helped manage the CTUW program, cautions against relying exclusively on polling data as an indicator of the program's success. She suggests that the program should be considered an important instrument in building up the capacity of scores of health reform advocacy organizations throughout the country, many of which remained active and helped push for HCR later in the decade. According to Davenport, the CTUW program gave training and established networks between hundreds of HCR activists and supported the growth of an infrastructure of reform.
    - I have not sought to test this theory by laying out the network of individuals and groups supported by RWJF and the Cover the Uninsured program and tracking them to examine their roles during the campaign for the ACA.
- Jack Ebeler offered a similar perspective, noting that the program did at the very least "keep the [HCR] advocates busy and engaged. It always seems like a waste of time when nothing's happening, but then you get to 2008, 2009,

[138] ibid., 48, 49.
[139] Interview with Judy Feder, November 4, 2013; interview with anonymous; "Hundreds of Events Raise National Awareness," 49.

and having that community having a little bit of experience working together does matter."[140]

A fundamental issue in gauging the impact of Cover the Uninsured Week on the passage of the ACA is the question of whether the campaign endowed the problem of the uninsured with a political salience that extended beyond the duration of the campaign itself and that helped to install health care reform on the political agenda later in the decade. It is worth noting here that after the failure of Clinton's health reform effort, Democratic leaders largely abandoned the issue. In the 2000 election, for instance, Democrats rallied around opposition to the privatization of a Medicare drug benefit, but comprehensive reform did not play a major role in the campaign. Nor did it in 2004, for that matter. To some extent, politicians were taking their cues from public opinion, which, according to polls, placed a greater importance on other issues. According to Gallup polls, for example, between January 2001 and 2012, only an average of 8% of respondents mentioned health care as the nation's top problem.[141]

Yet by 2006, public opinion research suggests that health reform was indeed becoming more of a salient issue to the public, especially to Democratic voters. A Kaiser Health Tracking Poll from March 2007 shows health care as the second most important problem for the government to address, behind the war in Iraq and in front of the economy. In previous polls, the economy had ranked the same or as a higher priority than health care, leading the poll analysts to cite the results as evidence "that health care is may be [sic] on the rise as a campaign national issue." As Paul Starr notes in his account of the passage of the ACA, "According to the Kaiser health tracking polls health care was the top domestic issue for voters during 2007, and even when the economy jumped ahead as a concern in February 2008, the proportion that month identifying health care as one of the top two issues was 40 percent among Democrats, compared with only 18 percent among Republicans. Health care mattered to Democratic constituencies and primary voters, and they made it a focus of the campaign."[142]

It's important not to exaggerate the trend line. A historical survey of polls from 1990 to 2008 on the priority of health care—specifically asking respondents whether they would rank health care as one of the two most important issues for government to address—shows a huge spike during the debate over the Clinton plan in 1993-1994 (with a high of 55%) and then a sharp decline to below 10% in 1997-1998, and then a gradual increase over the next decade, with local peaks and troughs, with polls suggesting more than 20% responding affirmatively by 2007. Certainly by the 2008 presidential election,

---

[140] Interview with Andy Hyman, June 17, 2014; interview with Karen Davenport, June 6, 2014; email from Karen Davenport to Benjamin Soskis, June 16, 2014; interview with Jack Ebeler, October 8, 2013.

[141] Gallup did note that Americans "do rate healthcare as important when asked about it specifically." "Americans Don't Often Name Healthcare as Top U.S. Problem," Gallup Politics, June 29, 2012, accessed at http://www.gallup.com/poll/155414/americans-dont-often-name-healthcare-top-problem.aspx; interview with Robert Blendon, July 23, 2014.

[142] There is also some evidence that support for an enlarged government role in the provision of health care began to increase during the mid-2000s. "A Brief History of Public Opinion on the Government's Role In Providing Health Care," Report Center for Public Opinion Research, September 23, 2013, accessed at http://www.ropercenter.uconn.edu/pdf/Health%20care%20issue.pdf. Kaiser Health Tracking Poll, March 2007, accessed at http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-election-2008-march; Starr, *Remedy and Reaction*, 182.

health care reform was a major priority for Democratic voters; according to one poll, shortly before the election, two-thirds of registered voters who said they intended to vote for Senator Obama hoped the next president would propose a major expansion of health care coverage (versus 26% who intended to vote for Senator McCain). As a recent comprehensive account of American public opinion on health care notes, "The emphasis on health care distinguishes the 2008 election from the 2006 midterm or the 2004 presidential contest, when health ranked significantly farther down the list."[143]

What role, if any, can philanthropy (and specifically RWJF's programs) claim in encouraging this trend? In addressing this question, it's important to note that polls consistently showed cost, more than coverage (Cover the Uninsured Week's focus), as the public's highest concern in regard to health care reform. So it's necessary to look at the broader campaign by philanthropy to raise awareness of the U.S.'s underperforming health care system. Yet it is difficult to point to definitive evidence suggesting any strict correlation between the two. Perhaps the strongest case is made by Robert Blendon, a Harvard School of Public Health professor and leading expert on public opinion and health care; it's one based on the absence of any other credible causal agent. As he notes, most of the other possible explanations for how an issue gets on the political agenda were absent in the case of health care reform. There was no major health care crisis; "the uninsured have been around for a long time," Blendon notes. Nor were there "organized constituency groups" that pushed the agenda during the 2000s, like the NRA or like AARP: "there is no American association of uninsured people." "So what got this other issue all this attention? I just can't find any other variable," he concludes. Ultimately he finds it credible that over the previous decade the philanthropic campaigns funding research and advocacy work that infiltrated into the popular press were a major factor in "driving…the people that made the agenda happen."[144]

There was some sense among the participants in Covering the Uninsured Week that only focusing on the *problem* of the uninsured and being policy-neutral limited the initiative's possible impact. In other programs, however, RWJF did support efforts to develop specific policy responses to the problem (though did not necessarily endorse any of them). As part of the Strange Bedfellows coalition, for instance, the various coalition members had each proposed a plan for expanding coverage. According to the program results report on Covering the Uninsured Week, RWJF "commissioned the Lewin Group to provide cost and coverage estimates for 10 of the proposals. Based on the microsimulation model used, this exercise provided projections of the number of people newly insured by each plan, the net cost per newly insured person, and a clear understanding of how various key parties in the system—households, employers, the federal government, states, and so on—would fare under each reform plan." As the program report notes, although there was a tension between RWJF's "traditional role as an analytical organization and its new function as the main organizer of a public awareness campaign," the foundation did manage to demonstrate "that it could serve as

[143] Claude Deane, Mollyanne Brodie, Elizabeth Hamel, and Carolina Gutiérrez, "The Uninsured and Efforts to Expand Coverage," in Robert J. Blendon, et. al., *American Public Opinion and Health Care* (Washington, DC: CQ Press, 2011), 90-91, 127.
[144] Deane, et. al., "The Uninsured and Efforts to Expand Coverage," 91; interview with Robert Blendon, July 23, 2014.

an honest broker, willing to provide funding without favoring one point of view over another."[145]

Covering America:

Perhaps the most impactful program designed to support specific policy innovations around the problem of uninsurance was the Covering America Project.

- According to a 2009 RWJF project report, "From 2000 until 2004, the Economic and Social Research Institute (ESRI), a nonprofit group, conducted the Covering America Project, with support from the Robert Wood Johnson Foundation. When we began this undertaking, hope for comprehensive health reform had faded and interest in covering the uninsured had waned. A major purpose of this project was to rekindle interest in covering the uninsured and to create, assemble and objectively analyze a range of detailed proposals across a wide spectrum of thinking."
- The report explains, "The Covering America Project was guided by an Advisory Panel of 12 individuals who participated actively in meetings held about five times a year over the four-year period. This panel was comprised of people who had held leadership positions in government under both Republican and Democratic administrations and leading experts from the academic and foundation communities. These advisors helped ESRI select the proposals in a national competitive process, reviewed drafts of each one and offered constructive criticism at meetings in which all the authors presented first drafts of their plans."[146]
- The initial report was published in 2001 and then reissued, in the midst of the campaign for the ACA, in March 2009.
- The report included a range of policy responses, from liberal, centrist, to conservative. The proposal around which perhaps the strongest claim of impact can be made was submitted by Yale political economist Jacob Hacker, "Medicare Plus: Increasing Health Coverage by Expanding Medicare." The proposal was a prominent early version of the "public option" and several accounts of the passage of the ACA have credited Hacker's paper with introducing the idea into the policy deliberations that informed the legislation. (Another proposal in the report, by Berkeley public health professor Helen Halpin, who became a health policy adviser to Obama during the presidential campaign, put forward another version of the policy). Hacker reworked the idea and published a similar version in 2007 with the Economic Policy Institute and then helped to spread the idea among key Democratic constituencies, in collaboration with the Center for America's Future.[147]

---

[145] "Hundreds of Events Raise National Awareness," 50-51, 13, 14, 15.

[146] Jack Meyer and Elliot Wicks, "Covering America: A Timely Reprise," Covering America Project Papers, March 25, 2009,. See also, Rosenblatt, "The Robert Wood Johnson Foundation's Efforts to Cover the Uninsured," 82.

[147] James Brasfield, "The Politics of Ideas: Where Did the Public Option Come From and Where is it Going?" *Journal of Health Politics, Policy & Law* 36:3 (June 2011), 458, 456; Jacob Hacker, "Health Care for America: A proposal for guaranteed, affordable health care for all Americans building on Medicare and

- In the midst of the debate over the ACA, Jacob Hacker placed the significance of the Covering America project within the context of the reform consensus: "The Covering America project… brought together an all-star cast of health policy experts from a variety of perspectives. And it gave this group the opportunity to think about an issue that was not currently in the legislative spotlight: how to cover the nation's then-around 40 million uninsured in a cost-effective way that would improve American health care. Perhaps because the issue was not actively under debate in Congress, participants felt unusually free to put aside acrimony and accusations and address the issue creatively and constructively, bringing new ideas and new mixes of ideas to bear. I can think of few groups that better combined policy expertise with practical thinking about how to break the logjam that had stymied action for so long."
- Hacker did not think that his proposal had any chance of being enacted when it was first published in 2001, but, he noted in March 2009, by the end of the decade, its prospects looked much more promising. "What is more, key elements of reform that I and others proposed as part of the Covering America project back in 2001 are very much part of the [current] debate. President Obama promised during his campaign an approach that built on employment-based insurance yet would create a new 'national insurance exchange' for those without workplace coverage—an exchange that, crucially, includes the choice of a public plan modeled after Medicare. This basic blueprint was also supported by other Presidential contenders during the primaries and received the endorsement of the chairman of the Senate Finance Committee, Max Baucus. As a result, despite continuing principled support for a national insurance program among the most fervent advocates of reform, there is far greater consensus among those who favor comprehensive reform than there was in the early 1990s."[148]
- Perhaps the strongest, if somewhat circuitous, claim regarding the impact of Covering America on the ACA comes from Jonathan Gruber, the MIT economist and health policy expert who is often called the "architect of ObamaCare"—he had a leading hand in crafting the Massachusetts health reform plan that provided the foundation for the ACA (see below). Gruber notes that his contribution to the Covering America project marked "the first time I sat down and really thought hard about how I would redesign health insurance coverage in the U.S." He was particularly struck by the consensus among the participants regarding the key elements of reform plan. Specifically, he noted that nearly all seemed to endorse an individual mandate; according to Gruber, there had been no such consensus during the deliberations over the Clinton plan. When Massachusetts Gov. Mitt Romney approached Gruber several years later to help craft a health reform plan in the state, he was able to make the case that the health policy community, both on the right and the left, saw the value of the individual mandate and to convince Romney to include it in his own plan. Massachusetts health reform then

---

employment-based insurance," January 16, 2007 available online at http://www.epi.org/publication/bp180/; Starr, *Remedy and Reaction*, 180.

[148] Jacob Hacker, "A Word from Jacob Hacker," *Covering America Project Papers*, March 22, 2009.

> provided the blueprint for many of the presidential candidates' reform proposals in the 2008 Democratic presidential primaries (Gruber consulted to the campaigns of all three major candidates), and Gruber's research proved key in convincing the Obama Administration to endorse the individual mandate, which Obama had opposed during the primaries [See below for fuller discussion of the role of Massachusetts reform in the passage of the ACA].[149]

There are two challenges in assessing these claims of impact for Covering America. The first questions whether the program was in fact indispensible in the migration of the public option into the presidential candidates' position papers—and ultimately into the ACA. The counter-claim is based on the fact that versions of the pubic option had been promoted earlier in the decade, within a state-based insurance exchange that was proposed in California. Several of the individuals who had worked on the California plan later served as health care advisors for the John Edwards campaign and so it is possible that, in the absence of the RWJF-funded program, these figures would have served as conduits bringing the public option to the heart of the national debate over HCR (though none had Hacker's prominence as a promoter of the idea).[150]

The second, related challenge questions the causal integrity of the model that assumes policy moved from the Cover America panel to the ACA legislation more generally. RWJF's Andy Hyman commented that although one could find policies within Covering America that were also in the final ACA, one could not definitely claim that Covering America caused that migration to occur. Additionally, many of the ideas highlighted by Covering America had been promoted before, which suggests there might have been alternative routes the policies might have taken into legislation in the absence of the RWJF program. As Gruber's comments above imply, the most important role the Covering America report seems to have played was in staking down even more securely an emerging health care reform consensus.[151]

Consumer Voices for Coverage:

Starting in 2007, RWJF pursued another tactic in its long-running campaign to achieve expanded health coverage: it poured approximately $20 million into support for grassroots advocacy organizations that promoted HCR as part of the Consumer Voices for Coverage program (CVC). According to an evaluation of the program in *Health Affairs*, RWJF "awarded grants to twelve state-based advocacy organizations that

---

[149] Gruber served as an adviser to the Obama administration and was paid $400,000 for his services; a controversy ensued when he did not disclose this relationship to some journalists who had solicited his opinion on the law. Karen Tumulty, "What exactly was Gruber's role in the creation of the health law?" *Washington Post.com*, November 16, 2014, accessed at http://www.washingtonpost.com/blogs/post-politics/wp/2014/11/16/what-exactly-was-grubers-role-in-the-creation-of-the-health-law/; Jonathan Cohn, "What Jon Gruber's Quotes Really Tell Us About Obamacare—and American Politics," *TNR.com*, November 176, 2014, accessed at http://www.newrepublic.com/article/120311/jonathan-gruber-and-obamacare-what-his-quotes-really-tell-us. Interview with Jonathan Gruber, July 22, 2014; email from Jonathan Gruber to Benjamin Soskis, September 2, 2014; *New York Times*, March 28, 2012; Brill, *America's Bitter Pill*, 136.

[150] Helen A. Halpin and Peter Harbage, "The Origins and Demise of the Public Option," *Health Affairs* 29, no. 6 (June 2010), 1118-1119.

[151] Interview with Andy Hyman, September 30, 2013; interview with Jack Ebeler, October 8, 2013.

represented a network of consumer groups in their states" and funded Boston-based Community Catalyst to manage the program. As Andy Hyman explains, the program "recognized the important role that organizations representing consumes play, in advancing health policy, particularly at the state level…[Because] if it looked like national reform was going to move, policy makers were going to have to rely on information and the engagement of consumers in their states." (Six additional grantees joined the program in November 2008 to advance efforts to achieve health reform at the national level.) RWJF commissioned Mathematica Policy Research to conduct an evaluation of the program that focused on whether the advocacy networks supported were able to shape state policy on health insurance coverage.

- From the Mathematica evaluation: "A majority (63 percent) of the seventy-three key policy makers whom we interviewed in the twelve Consumer Voices for Coverage states in 2010 said that consumer advocacy groups were substantially or moderately more involved in health coverage policy discussions and had more interactions with policy makers than they had had in 2008. A majority (62 percent) of the policy makers also said that consumer advocacy groups had increased their influence on state health coverage policy a great deal or to a moderate degree…The policy makers reported that consumer advocates had gained a slight edge in influence compared with other interest groups; 55 percent said that consumers' ability to shape state coverage policies had increased relative to the ability of health insurers, providers, and employers."
- Again from the Mathematica report: "Forty percent of policy makers thought that consumer advocacy groups had made a big difference or changed the nature of the debate or outcome on issues that advocates most emphasized, and 32 percent believed that they had made a moderate difference."[152]

How should we judge the impact of CVC in the context of the passage of the ACA—and especially in relationship to the contributions of HCAN? The Mathematica evaluation does briefly touch on this question:

- "Participants felt strongly that their CVC experiences formed a useful foundation for engagement in the federal health care reform debates in 2009. Having built relationships with both state- and national-level organizations as part of their state advocacy efforts, CVC networks had opportunities and access to information and to key stakeholders in the debates over federal health care reform…Leadership team members in Illinois, New Jersey and Washington served on statewide health care roundtables and held discussions with their federal legislators about health reform bills, for example. Leadership teams also met with congressional staff in Washington, DC, and wrote letters to their congressional delegates. These contacts were bolstered

[152] For a detailed description of the methodology used by Mathematica to evaluate CVC, see Debra Strong, Todd Honeycutt and Judith Woolridge, *Consumer Voices for Coverage: Advocacy Evaluation Toolkit*, October 2011, http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2011/rwjf71517. Interview with Andy Hyman, September 30, 2013; email from Andy Hyman to Benjamin Soskis, June 13, 2014; Debra Strong, Debra Lipson, Todd Honeycutt and Jung Kim, "Foundation's Consumer Advocacy Health Reform Initiative Strengthened Groups' Effectiveness," *Health Affairs* 30 no. 9 (Sept. 2011), 1799, 1800-1802.

by timely guidance provided by RWJF through training to help grantees build or enhance relationships with members of Congress and other federal policy-makers."

- "Consumer advocacy groups at the federal level, such as Organizing for America and Health Care for America Now! (HCAN), worked with state and local activists including CVC grantees in Maine, Minnesota, New Jersey, Pennsylvania and Washington. These groups shared information, communication tools and databases, and coordinated events and meetings together to raise awareness about key issues. Some grantees were also the lead organizations for HCAN in their state, which gave them access to additional communications and technical assistance resources that benefited both their state-and federal-level work."[153]
- Marc Stier's account of Pennsylvania HCAN and its working relationship with Pennsylvania Health Access Network (PHAN), a CVC grantee, makes clear that there was considerable tension between the two groups around efforts to coordinate their work. PHAN officials were particularly concerned that HCAN took too much credit for the campaign's successes, even as they made use of PHAN resources and personnel (in the case of Pennsylvania, this involved three field organizers PHAN hired to help in the western portion of the state). After the ACA passed, according to Stier, PHAN published an account of the campaign that barely mentioned HCAN and that foregrounded its own role.[154]

The bulk of the quantitative and qualitative analysis within the CVC evaluation is directed toward state-based, and not federal, advocacy capacity. The above claims on the relation between CVC and the ACA do not have the same degree of evidentiary rigor as do the claims made regarding state-based advocacy work. And it's worth noting how infrequently CVC was cited in the general accounts of the passage of the ACA—relative especially to the prominence granted HCAN.

This divergence might reflect an actual differential in impact. It might also reflect RWJF's wariness of overstepping the legal prohibitions against private foundations advocating for specific legislation, as well as its general reluctance to throw itself into the partisan fray (as well as HCAN's inclination to highlight the particular ways the coalition helped push the health care reform campaign forward). But the divergence also points to some methodological challenges in incorporating CVC into the ACA narrative. CVC's focus was primarily state-based, unlike HCAN, which worked *through* the states to effect national reform. Beyond the example of Massachusetts (discussed in greater detail below), the ways in which health care advocacy and reform directed at the state level shaped and bolstered the national campaign for the ACA remains ill-defined in much of the literature. Also, unlike HCAN, the CVC program did not promote an over-arching coordinated strategy or message among the organizations funded. As Andy Hyman explains the difference, HCAN "had a very specific message whereas at RWJF our goal was to increase the capacity of the consumer advocacy leaders, without directing them

[153] Debra Strong, Sheila Hoag, Subuhi Asheer, and Jamila Henderson, *Building State-Level Advocacy: CVC After Two Years* (Mathematica Policy Research, August 2010), 39, 40.
[154] Stier, *Grassroots Advocacy*, 115-119.

around a specific policy." So RWJF officials promoted the CVC program's aims in terms of the *process* of boosting health consumer engagement with policy making, not in terms of any particular end result of that engagement. This more decentralized, less-targeted strategy makes it more difficult to develop strong claims about impact on federal policy. Finally, according to at least one analyst, the CVC coalitions were reluctant to pursue the aggressive grassroots advocacy that is perhaps most visible to outside evaluators of impact. As Marc Stier describes PHAN, "they seemed more comfortable with an inside approach than with an aggressive outside effort. As they frequently reminded us, Robert Wood Johnson was wary about its first foray into political advocacy and wanted us to 'be careful.'"[155]

For all these reasons, it is difficult to determine a clearly defined case of CVC's impact on the ACA.

Health Policy and Clinical Fellows:

Yet another RWJF program cited by several of those I interviewed as making an important contribution to the campaign to pass the ACA was their Health Policy Fellowship. According to a RWJF Program Results Report, "Each year [since 1973], the program brings to Washington six mid-career health professionals and behavioral and social scientists from community and academic settings to take part in and better understand the health policy process at the federal level—in order to help them become the next leaders in health policy." In order to ensure that RWJF was not selecting candidates with a view to promoting to Congress particular policies favored by the foundation, the Fellows were selected by the Institute of Medicine. During the debate over the ACA, several of these Fellows served on key Congressional committees. RWJF also funded a separate program that supports "post-residency training for young physicians in health services and health policy research."[156]

RWJF has recognized the difficulty of evaluating its human capital programs using the performance measurement system it applies to many of its other initiatives, but maintained a faith in the impact of those programs nonetheless. As two RWJF officials who worked in the research and evaluation office wrote in a 2012 *Anthology* article: "The board is sometimes willing to approve grant initiatives even knowing that it will prove difficult to measure the results of the Foundation's investment. For example, it is difficult to demonstrate concrete results of the Foundation's human capital portfolio, but the Foundation's staff and board believe that it is important."[157] In light of these evaluative challenges, anecdotal evidence must bear a large weight in determinations of impact.

---

[155] Interview with Andy Hyman, September 30, 2013, June 17, 2014 ("The way we characterized CVC, and those grantees, was that it wasn't about advocating for health reform. It was about being engaged at a policy level so that consumers could participate on an equal footing in the debate"); interview with Mike Miller, October 31, 2013; "Staying the Course: The Essential Role of Consumer Advocates in Reforming Health Care," accessed at http://www.communitycatalyst.org/doc-store/publications/CVC_Staying_the_Course.pdf; Stier, *Grassroots Advocacy*, 105.

[156] "Robert Wood Johnson Health Policy Fellows," Program Results Report, February 16, 2012, accessed at http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2012/rwjf69836; interview with John Lumpkin, June 23, 2014. For information on RWJF clinical scholars, see "Robert Wood Johnson Foundation Clinical Scholars," program report, March 25, 2013, accessed at http://www.rwjf.org/en/research-publications/find-rwjf-research/2011/08/robert-wood-johnson-clinical-scholars-program.html.

[157] Knickman and Hunt, "The Robert Wood Johnson Foundation's Approach to Evaluation," 114.

- Jack Ebeler mentioned the fellowship program as a "hidden part of philanthropy" that had an impact on the passage of the ACA. Ebeler, who served as a staffer on the House Energy and Commerce Committee after overseeing some of RWJF's early health coverage projects, mentioned that his committee had a RWJ Fellow who was particularly helpful. A congressional staffer who worked on the ACA also commented that "The best thing [RWJF] did was to provide phenomenal fellows for our office who worked tirelessly to get the bill passed. It meant we constantly had a healthcare professional on staff. And that was huge."[158]
- One senior Congressional aide provided an alternative perspective. "Working on Capitol Hill is a particular set of skills that you can't learn in a year being there. One downside of the RWJF fellowship program is that they would bring mid-career people, people who ran a department in a hospital. Some of them came to the Hill and thought, 'Oh my gosh, policy is being made by all these non-medical people.' Policy making on the Hill is not about being a doctor and seeing patients; it's about how to move legislation, draft legislation, build coalitions. If they came to the Hill with the wrong attitude and were arrogant about it, it was actually a detriment to have them around…Working with fellows takes a lot of work, because they don't know what they are doing. I think it was a great experience for them, but I wouldn't say they were critical to moving legislation." The aide thought that the David A. Winston Health Policy Fellowship, a 12-month graduate fellowship, was more helpful to the staff.[159]

In my interviews, two other philanthropies were frequently mentioned as making important contributions in preparing the way for passage of the ACA through their support of health policy research: the Kaiser Family Foundation and the Commonwealth Fund. As MIT's Jonathan Gruber recalls, "In the couple years around the ACA debate, Kaiser and Commonwealth both played an incredibly outsized role in helping legislators understand what was going on, keeping track of the various proposals, explaining the various moving pieces, polling…. They became the place that legislators and experts could turn…for basically translating for the broader advocacy and policy expertise community what was actually going on inside the Beltway…It's hard to find a specific example, but it's also hard to overstate how important they were to the big picture."[160]

Neither produced as substantial a collection of published material on their work as did RWJF, and Kaiser chose not to make any of their senior officers available to speak with me; the sections that follow, then, can only provide a sketch of the foundations' contributions to the ACA. I make no claim to providing a comprehensive portrait of each institution's contributions to the campaign but have tried to highlight some of the most significant programs. I have also not provided as detailed a description of the mechanisms of impact as I did with Atlantic and RWJF; more research is necessary to trace the precise ways in which Commonwealth and Kaiser support shaped the ACA.

[158] Interview with Jack Ebeler, October 8, 2013; interview with anonymous Congressional staffer.
[159] Interview with anonymous senior Congressional aide, December 23, 2013.
[160] Interview with Jonathan Gruber, July 22, 2014.

Finally, there are a small number of funders that had a hand in the campaign for health care reform, most notably the California Endowment (which contributed to HCAN, the Herndon Alliance, and RWJF's Covering the Uninsured program, among other organizations and initiatives discussed in this report) to whom I did not grant separate sections in the text below. Instead, when possible, I have sought to incorporate their contributions into the accounts of other funders.

X. **Kaiser Family Foundation**

Determining the impact of the Kaiser Family Foundation (KFF) presents challenges related to the foundation's particular identity and orientation toward the health policy field. Kaiser, as an operating foundation, exemplifies a different model of philanthropy than RWJF, which often funds demonstration projects. Since 1991 KFF has largely conducted research and analysis itself as opposed to funding outside organizations. That work, according to health policy journalist Jonathan Cohn, became "the gold standard for both sides" of the debate over HCR. Most significantly, Kaiser provided public opinion and survey research that was used by both supporters and opponents of reform; the Foundation carefully cultivates a reputation for objective analysis that, by many accounts, is widely respected. It is likely an effort to preserve this reputation that has led Kaiser to refrain from making strong claims of impact regarding its role in the passage of the ACA even more resolutely than has RWJF.

As KFF's president Drew Altman explained in a recent online column, in the early 1990s, the Kaiser Family Foundation pursued a shift in its mission and operating style. "At that time we asked one overriding question: 'How can we best have an impact with (then) about $30 million to spend each year in a rapidly changing, trillion-dollar health care system?'" The foundation did not have the resources for "undertaking large, multi-site demonstration programs, supporting large numbers of community organizations, or bankrolling the development of new independent national institutions." (Altman seems to be making an implicit contrast with RWJF). Instead, Altman pushed KFF to become "an independent, trusted, and credible source of information that could provide facts, analysis, balanced discussion, and expert commentary in a field otherwise dominated by large interests." Altman differentiates KFF from a traditional think-tank by pointing to the fact that the foundation "operate[s] large programs such as a national news service [Kaiser Health News], an in-house polling operation and large national media campaigns."[161]

An important element of KFF's identity is its public eschewal of advocacy. "We maintain a steadfast commitment to never take a position on a policy issue or to become a combatant ourselves on one side or the other in the 'health care wars,'" Altman explains. In keeping with this commitment, KFF took no position on the ACA or on any of its component parts. It did, however, provide research and analysis to the policymakers who were crafting the legislation, as well as to opinion leaders and the media. KFF also made a point of providing basic consumer information on the ACA to the general population.

[161] Interview with Jonathan Cohn, June 3, 2013; Drew Altman, "The Kaiser Family Foundation's Role in Today's Health Care System," May 2014, available at http://kff.org/presidents-message/; Drew Altman, "Kaiser and the Affordable Care Act," available at http://kff.org/kaiser-and-the-affordable-care-act/.

Altman emphasizes not merely the research that Kaiser produces itself, but also the work its does in synthesizing, explaining, and translating the research of other scholars. He underscores as well the significance of this role at a moment of hyper-partisanship when there are few trusted brokers of health care related information and analysis.[162]

I have found no material assessing KFF's impact on the campaign to pass the ACA. But several interviewees offered observations that echoed Drew Altman's claims regarding the foundation's role in enhancing policy debate on health care reform, with a special emphasis on the foundation's research on Medicaid and the uninsured.

- John McDonough, Senior Advisor on National Health Reform to the Senate HELP Committee (2008-2010): "The Kaiser Family Foundation…provided key polling data throughout the process, and became a key go-to organization for fast access to critical data and information; the Kaiser Foundation's Diane Rowland, one of the nation's leading experts on Medicaid, was keenly involved in that part; its private insurance expert, Gary Claxton, consulted extensively with every congressional staffer involved in the private-insurance-market portions of the ACA."
- Jack Ebeler, Senior Advisor for Health Policy to the House Energy and Commerce Committee (2009-2010), remarks that if researchers and policy analysts wanted data on the Medicaid population, they went to Kaiser. The Kaiser Commission on Medicaid and the Uninsured became "the go-to information provider on the numbers, the characteristics, the fact that [the uninsured] was a problem, where it was a problem, the demographics."[163]
- A senior Congressional aide also mentioned Kaiser's Employer Health Benefits Annual Survey as making an important contribution to the ACA debate, since it suggested the dangers of relying entirely on a market-based system of employer-provided health care, showing that that employers were dropping an increasing number of employees from coverage.
- Chris Jennings, former Deputy Assistant to President Obama for Health Policy, specifically cited the Kaiser Family Foundation's "media savvy" in discussing its impact on the passage of the ACA. "Kaiser has the capability not only to produce analytically sound, timely and credible data and research, but they have people there who are viewed as pretty straight shooters…They have a well-respected analytical, polling and media stakeholder and Congressional education, all of which is provided in as close to real time as is possible. They are far better at it than anyone."[164]
- Jonathan Gruber, the MIT economist, highlights Kaiser's role in supporting his own work, which made important contributions to the crafting of the ACA. After Gruber left the Clinton Administration in 1998, Kaiser approached him about the possibility of developing research capacity to model government health care proposals. There were some for-profit firms doing similar work, but no independent academic policy experts. With Kaiser funding, Gruber

[162] Altman, "The Kaiser Family Foundation's Role"; Altman, "Kaiser and the Affordable Care Act."
[163] Interview with anonymous Congressional source; McDonough, *Inside National Health Reform*, 55-56; interview with Jack Ebeler, October 8, 2013.
[164] Interview with anonymous senior Congressional aide; email from anonymous senior Congressional aide; interview with Chris Jennings, May 27, 2014.

built up such modeling capacity and provided key analysis for Gov. Romney and the state legislature in the effort to craft a health care reform plan in Massachusetts, as well as later for the Senate Finance Committee in the drafting of what became the ACA. As Gruber notes, "I played a sort of pre-CBO role in the development of the ACA, and that was all out of a model that wouldn't have existed if it wasn't for Kaiser."[165]

It is difficult to demonstrate with any definitiveness that in the absence of KFF, health care reform would not have passed in 2010. But philanthropic impact on policy extends well beyond this sort of binary setting of legislative passage or failure. It must encompass a consideration of the quality of the deliberation itself. And in this regard, the anecdotal evidence available suggests that Kaiser can claim a significant role in enhancing the quality of the debate over health care reform.

XI. **The Commonwealth Fund**

At least since Karen Davis assumed the presidency of the Commonwealth Fund (CF) in 1995 (she stepped down in 2012), the Fund has been at the forefront of advocacy and research on health care reform. At first, its emphasis was largely on access to care, but in the years before the campaign to pass the ACA, it also took a leading role in the debates over delivery and cost. According to a 2009 annual report, "Over the five years ending June 30, 2009, the [Commonwealth] Fund expended a total of $172 million to promote a high performance health care system."[166]

According to the Commonwealth Fund's account of its history, "Since 1995, the Fund has concentrated its efforts on helping to address health care coverage and access issues, improving the quality and efficiency of health care, and slowing the growth of health care costs. The foundation underwrote a considerable part of the research underlying the development of the reforms in the Patient Protection and Affordable Care Act of 2010, and reports of its Commission on a High Performance Health System (2005–2013) helped inform the debate leading up to this landmark legislation." A 2010 annual report elaborates on this claim regarding the Commission's impact (without offering specific details on the mechanisms of impact):

- "Many of the major ideas in the Affordable Care Act—among them, new insurance market regulations, the requirement for everyone to have coverage, the availability of premium and cost-sharing subsidies for low- and moderate-income families, and payment and delivery system reforms—were advanced by the Commission through its reports and official statements."
- As Jack Ebeler explained, the Fund served as an important "validator for the [pro-reform] policy community."[167]

---

[165] Gruber also consulted for the Department of Health and Human Services. Brill, *America's Bitter Pill*, 136. Interview with Jonathan Gruber, July 22, 2014.
[166] Commonwealth Fund, *2009 Annual Report*, 28.
[167] The Commonwealth Fund, "Foundation History," http://www.commonwealthfund.org/about-us/foundation-history; The Commonwealth Fund, "Commission on a High Performance Health System," accessed at http://www.commonwealthfund.org/grants-and-fellowships/programs/archived-programs/commission-on-a-high-performance-health-system; interview with Jack Ebeler, October 8, 2013.

According to an account provided by the Fund, it established the sixteen-member Commission in 2005—its members include "distinguished experts and leaders representing every sector of health care, as well as the state and federal policy arenas, the business sector, and academia"—and charged it with "promoting a high-performing health system that provides all Americans with affordable access to excellent care while maximizing efficiency in its delivery and administration."

- A March 2010 evaluation commissioned by the Commonwealth Fund to determine the Commission's impact on the health reform debate concluded that "Awareness and use of Fund products by Congressional staff was judged to be high." In interviews, several Hill staffers involved in drafting the ACA confirmed this account, discussed in more detail below.[168]

How did the Commonwealth's Commission "inform the debate" leading up to the passage of the ACA? According to Fund officials and publications, the Commission both made the case for reforming the health care system and laid out a framework for doing so.

The Commission tracked health system performance and made careful comparisons between US health care and health care systems in other nations, on issues of coverage, health outcomes, access and cost. In doing so, it made clear the various ways in which the private health insurance system failed Americans and in which the US system underperformed as a whole. This data served as an important resource for those making the case for the urgency of reform.

- From the Commonwealth Fund's 2009 Annual Report: "The Commission's 2008 National Scorecard on U.S. Health System Performance—the second one it has issued—showed that the nation was losing ground in health care. In nearly every category measured, the new scorecard found that the health system performed worse than it did in 2006, largely because of worsening access to care. Similarly, Fund surveys comparing the U.S. to other industrialized nations repeatedly found that the U.S. falls far short of its peers in access, safety, and efficiency. And a highly publicized Fund-supported study released in 2008 found that the U.S. had dropped to last place, among 19 countries, on 'mortality amenable to health care'—a measure of how well a health system prevents potentially avoidable deaths by ensuring that people receive timely, appropriate care for treatable conditions."
- John Craig (CF Executive Vice President): "Our aim was deliberately to bring international experience to bear. We well understood that American generally are uninterested in knowing what other countries are doing and how we are doing compared to other countries—and that includes many people in Washington. When we started, the consensus was that this was the best system in the world. Consistently, through our international surveys, we brought the evidence that …we have some major problems."[169]

---

[168] The Commonwealth Fund, "Commission on a High Performance Health System"; Sheila Burke, Tom Reid, Don Berwick, "A Report on the Commonwealth Fund Commission on a High Performance Health System," March 31, 2010.

[169] In an interview, Jonathan Oberlander, a Professor of Social Medicine at UNC, specifically cited the claims that such international comparisons shaped public opinion and helped pass the ACA as an example

The results of the National Scorecard received considerable coverage in the press and were cited frequently by members of Congress as evidence for the need for reform.

- One senior Congressional aide commented that the Commonwealth's comparative work was "really critical" in "building the case for reform."
- Karen Davis presented the results of the July 2008 Scorecard report at a Senate Health and Education Committee hearing in January 2009.
- Cathy Schoen, CF Senior Vice President for Research and Evaluation, presented the results of Commonwealth's comparative work to a hearing of the U.S. Senate Special Committee on Aging in September 2009.
- In his opening remarks at the markup of the Senate Finance Committee's health reform bill, in September 2009, Sen. Kent Conrad made reference to Commonwealth research comparing U.S. health outcomes to those in other industrialized nations.[170]
    - According to the Proquest Congressional database, there were more than two dozen other references to the Commission's Scorecard report during 2008-2010.

The Commission also developed and promoted policy options for health care reform.

- In October 2007, the Commission released "A Roadmap to Health Insurance for All: Principles for Reform," which "examined three different reform approaches proposed by governors, the 2008 presidential candidates, and congressional lawmakers." Although the Commission did not endorse a specific legislative proposal, according to a CF account, it "[made] the case for achieving universal coverage by building on the nation's longstanding mix of private group insurance plans and public programs." This report focused less on the coverage angle than on delivery reform and cost containment, and supported investigations of how to obtain better value for health care spending. During the campaign, according to Jack Ebeler, this approach held a

---

of overinflated, unsubstantiated claims of the impact of research. Interview with Jonathan Oberlander, September 5, 2014. The Commonwealth Fund, 2009 Annual Report, President's Message: Building a Foundation for Health Reform," available at http://www.commonwealthfund.org/publications/annual-report-essays/2010/jun/building-a-foundation-for-health-reform; interview with John Craig; May 9, 2014; email from John Craig to Benjamin Soskis, September 23, 2014.

[170] For media mentions of the Scorecard, see *New York Times*, July 17, 2008; *Washington Post*, March 23, 2008. Interview with senior anonymous Congressional aide; Karen Davis, "Closing the Quality Chasm: Opportunities and Strategies for Moving Toward a High Performance Health System," invited testimony, Hearing on "Crossing the Quality Chasm in Health Care Reform," Senate Committee on Health, Education, Labor and Pensions, January 29, 2009, available at http://www.commonwealthfund.org/~/media/files/publications/testimony/2009/jan/testimony--closing-the-quality-chasm--opportunities-and-strategies-for-moving-toward-a-high-performa/davis_closingqualitychasm_senate_test_2009-01-29-pdf.pdf; interview with Jack Ebeler, October 8, 2013; Cathy Scoen, Invited Testimony, Senate Special Committee on Aging, September 30, 2009; "Opening Statement of Sen. Kent Conrad, Markup of the America's Healthy Future Act," *Wasingtonpost.com*, September 22, 2009, accessed via LexisNexis Academic.

special appeal to Democratic moderates, whose votes the leadership needed to secure in order to pass reform.[171]

- In December 2007, the Commission released an influential report, "Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending," which examined fifteen federal policy options and demonstrated how they could lower health spending by $1.5 trillion over a decade (related to projected spending).
    - From the Commonwealth Fund's 2008 Annual Report: "In addition to a *New York Times* editorial devoted to the report's findings, the analysis was the subject of a briefing held by the independent, Washington, D.C.-based Alliance for Health Reform and a special bipartisan briefing for members of Congress….In June 2008, Commonwealth Fund president Karen Davis discussed options from Bending the Curve at the U.S. Senate Finance Committee's 'Prepare for Launching [sic] Health Reform Summit.' And following a recommendation in the report, Vermont added a claims tax to support a $32 million, 10-year health information technology fund."
- According to John Craig, the title of the report also introduced a powerful rhetorical trope into the HCR debate—the mandate to "bend the cost curve" became a frequently invoked mantra by fiscally conscious advocates of reform.[172]
- In February 2009, "to illustrate the potential gain for the nation of a comprehensive, integrated approach to health reform," the Commission published the "Path to a High Performance U.S. Health System" report, which "outlined specific reforms related to provider payment, information systems, population health, and coverage that—in combination—could ensure affordable coverage for all, achieve savings, and improve population health."
    - In his account of the passage of HCR, John McDonough, who served as Senior Advisor on National Health Reform for the U.S. Senate HELP Committee, gestured toward the impact the report might have had on the final ACA (without making any definitive claim on its behalf): "Commonwealth Fund's 'Path to a High Performance U.S. Health System' offered comprehensive recommendations on

[171] According to John Craig, a model for the Independent Payment Advisory Board, established by the ACA, was also outlined in several Commission reports. Interview with John Craig, May 9, 2014. Interview with Jack Ebeler, October 8, 2013; James J. Morgan, "Commission on a High Performance Health System," 2008 Commonwealth Fund Annual Report; Sara Collins, "The Future of Health Insurance," 2008 Commonwealth Fund Annual Report, p. 60; "Commission on a High Performance Health System," available online at http://www.commonwealthfund.org/grants-and-fellowships/programs/archived-programs/commission-on-a-high-performance-health-system.

[172] An online search did not uncover any significant usage of the term "Bending the Curve" in the context of health care reform before the publication of the Commission's report. Interview with John Craig, May 9, 2014; Commonwealth Fund, 2008 annual report, available online at http://www.commonwealthfund.org/usr_doc/site_docs/annualreports/2008/index.html; "Slowing the Rise in Health Costs," *New York Times*, December 20, 2007; Brill, *America's Bitter Pill*, 84.

insurance, payment, and system reforms that *resemble* in many respects the details and the breadth of the final ACA" (italics mine).[173]

The Commonwealth Fund supported surveys and research on rising health care costs that received considerable coverage in the press and that were cited in Congressional debates. It funded research by a team at Harvard Medical School that demonstrated that the uninsured had higher medical costs and reported more hospitalizations than those who had insurance. The team also produced research that presented, according to the 2008 CF Annual Report, "the strongest evidence to date that health improves significantly when people gain health insurance." The Fund also supported a study, produced by researchers at the Center for Studying Health System Change and the Agency for Healthcare Research and Quality, that demonstrated the heavy financial burden that health care placed on Americans, even those with private health insurance. It is impossible to determine the impact of any of these studies singly; collectively, it is likely they contributed to the mounting sense of urgency that fueled the reform cause.[174]

For the decade preceding the passage of the ACA, the Commonwealth Fund also maintained an aggressive outreach and educational program for members of Congress and congressional staff, holding frequent briefings and occasional retreats where members of Congress and their staff could be introduced to the latest research on health reform (the Fund also supported the Alliance for Health Reform, which conducted briefings and roundtable discussions). According to John Craig, these meetings, with the briefings often drawing crowds of 250 to 300, served as "a major vehicle to make sure these [research] papers get into people's hands and are read."

The Fund was willing to intervene more aggressively in the political process than several of the other major health policy funders. The Fund evaluated the health care proposals of the 2008 presidential candidates as well as the provisions of the House and Senate health care bills in 2009 and outlined reform options for President Obama before he took office. When the Congressional Budget Office (CBO) released a conservative estimate of the savings that would be generated from the ACA's reforms, the Commonwealth Fund conducted its own analysis that suggested much more substantial savings (which the *New York Times* cited in an pro-reform editorial). Even as the White House was signaling its willingness to abandon a public option plan, the Fund released an analysis arguing that "offering a public plan alongside private plans to all individuals and employers is our most effective weapon in combating health care costs." According to a summary in the 2010 annual report, the study found that "cumulative health system savings between 2010 and 2020—compared with projected trends for that period—could be as high as $3 trillion if reform includes a public plan that adopts innovative payment

---

[173] Karen Davis, "National Leadership to Achieve a Performance-Driven Health System," available at http://www.commonwealthfund.org/publications/from-the-president/2009/national-leadership-to-achieve-a-performance-driven-health-system; McDonough, *Inside National Health Reform*, 56.

[174] "Lack of Insurance, High Medical Costs Put More in a Bind," *Washington Post*, August 20, 2008; "Medical Debt Is a Growing Worry, for Those With Insurance and Without," *Washington Post*, January 13, 2009; "Health Care Costs Increase Strain, Studies Find," *New York Times*, September 25, 2008; Sara Collins, "The Future of Health Insurance," The Commonwealth Fund 2008 Annual Report, 64, 65.

methods that reward value and uses its purchasing leverage, along with a reformed Medicare program, to control costs."[175]

Beyond the Commission's official published reports, several staffers mentioned that the more general research provided by Commonwealth was especially helpful in the formulation and promotion of HCR. As one Congressional staffer commented: "To get something out of GAO [U.S. Government Accountability Office] can take a lifetime. To get something out of CRS [Congressional Research Service] can take a lifetime. But Commonwealth was very helpful in doing analysis and producing numbers and getting press coverage for reports they were doing that made the case for reform." Karen Davis, who served as the president of the Fund during the campaign to pass the ACA, was frequently cited as an especially influential expert, who made multiple presentations to Democratic caucuses on the Hill and who testified at multiple hearings on various elements of HCR. Jack Ebeler, Senior Advisor for Health Policy to the House Energy and Commerce Committee (2009-2010), noted that Davis was "extremely credible" to Democrats in the House. (During the debate over the ACA, Commonwealth was often portrayed as being aligned with the Administration; in a March 2008 column, for instance, Jacob Hacker described the Fund as "a health-care think tank with a generally liberal bent").

- Ebeler reports: "[Karen] was able to talk to caucuses and say, 'I'm looking at this law, we made these recommendations, this has got the types of incentives to slow cost growth that you need.'… On the House side, when the Democratic caucus would be saying, 'We're hearing from opponents that there's no cost containment here,' We'd first say, 'the CBO doesn't say that.' Then we'd start talking about Commonwealth and bring Karen in [who would explain the Commission's work]. She was a very credible information source on that side of things."
- John McDonough, Senior Advisor on National Health Reform to the Senate HELP Committee (2008-2010): "Karen Davis and her team were diligent and tenacious in bringing the results of their work to Capitol Hill at any and every opportunity. They disseminated their work widely, not just in government, but among all manner of health system stakeholders. Their work had differing levels of influence on different players, and there is no data source that can make the real impact concrete or empirical."[176]

In an extended interview, John Craig, the Commonwealth Fund's Executive Vice President, outlined several other contributions he believes the Fund made to specific policies contained within the ACA. This in no way constitutes an exhaustive list; it is

---

[175] Interview with John Craig, May 9, 2014; *New York Times*, August 2, 2009; Paul Krugman, "Health Care Now," *New York Times*, January 30, 2009; Karen Davis, "Why Health Reform Must Counter the Rising Costs of Health Insurance Premiums," p. 12, included in 2010 Commonwealth Fund Annual Report, available at http://www.commonwealthfund.org/~/media/files/annual-report/2010/2010_commonwealth_fund_annual_report_complete_printable_version.pdf?la=en

[176] Interview with anonymous Congressional staffer; interview with Jack Ebeler, October 8, 2013; Jacob Hacker, "Let's Try a Dose. We're Bound to Feel Better," *Washington Post*, March 23, 2008; John McDonough email to Benjamin Soskis, May 8, 2014. For more on Karen Davis' influence on the Hill, see interview with Wendell Primus, January 29, 2014.

more a sampling of the various ways that Commonwealth sought to shape the legislation. And, as mentioned above, more research is needed to flesh out the precise mechanisms of these contributions.

- Craig pointed out that many former Commonwealth grantees—such as Melanie Bella (director of the Medicare-Medicaid Coordination Office at the Centers for Medicare and Medicaid Services) and Jeanne Lambrew (Director, Office of Health Reform, U.S. Department of Health and Human Services)—served in the Obama Administration and helped craft and implement the ACA.
- According to Craig, Commonwealth played an important role in developing and promoting the patient-centered medical home model, which aims to "ensure 24/7 access to high-quality, coordinated primary care," and whose implementation the ACA supports through new payment policies and Medicaid demonstrations. Commonwealth supported model programs in several states over the last decade and funded research into developing "practical criteria for assessing and recognizing physician practices as patient-centered medical homes" and measuring the impact of medical homes. "We didn't create the medical home model. It goes back a long way. But we played a substantial role in getting real live models that were working in the field to the policymakers to look at." Commonwealth also funded research into payment options that would support medical home adoption.
- Craig also cites Commonwealth's support for accountable care organizations (ACOs), which are supported in the ACA, through its funding of the research of Dartmouth's Elliott Fisher, one of the chief architects of the idea, and then its promotion of ACOs to members of Congress and staffers. "We were among the foundations that helped to take this idea and turn it into something to look at in reality in the field."
    - Elliott Fisher confirmed this account. "They were quite helpful in the early evaluations of the first four places we knew that declared themselves to be ACOs. Writing about them and talking about them helped advance the idea." Fisher also noted that, compared to RWJF, Commonwealth was more adept and aggressive in promoting the idea to members of Congress and other policy analysts once it had been developed.[177]
- Craig also claimed that Fund officials championed the establishment of the institution that would become the Center for Medicare & Medicaid Innovation, established through the ACA, in the congressional retreats the Fund sponsored.
- Craig placed special emphasis on the Commonwealth Fund's contributions toward the reform of the health care payment system, especially relative to the other major research funders, RWJF and Kaiser. "We really made the case that delivery system reform won't occur without payment system reform." Craig cites the Fund's support for evaluations of early Pay for Performance

[177] Commonwealth Fund, 2008 Annual Report, "Patient-Centered Primary Care Initiative," 7-8; Commonwealth Fund, 2009 Annual Report, "Patient-Centered Coordinated Care," 106-107; interview with John Craig, May 9, 2014; interview with Elliott Fisher, July 2, 2014.

demonstration projects and its funding of early work on bundle payments. He also cited the Fund's support for comparative effectiveness research, mentioning specifically the work of Gail Wilensky, a health economist who served in several Republican administrations. Craig claimed that Wilensky's research, funded by Commonwealth, helped to lay the groundwork for the Patient Centered Outcomes Research Institute (PCORI), which was authorized through the ACA.[178]

- I asked Wilensky about the role that Commonwealth played in supporting her own work and about how that work shaped the ACA. The answers she provided, although not necessarily representative of the Fund's relation to its other grantees, are instructive in developing a more precise understanding of the nature of Commonwealth's impact on health care reform legislation via its support for Wilensky.
- Wilensky reported that in 2005-2006, she received a $50,000 grant from Commonwealth which allowed her to "devote a piece of time, more time than I intended" to the issue of comparative effectiveness research. (She received another $50,000 grant a few years later to continue working on the topic, as well as on physician payment reform). She had been thinking about comparative effectiveness research for several years, but the grant from Commonwealth allowed her to carve out a considerable block of time while at Project HOPE to devote to it and freed her from having to worry about raising money for her position.
    - As Wilensky notes, "In the comparative effectiveness research, the Commonwealth Fund definitely played a very important supporting role in allowing me a little more extra time to focus on this issue, which no one was paying me to do, and to do a lot of speaking, most of which is uncompensated."
- She acknowledges that without the grant, she would have likely spent time thinking, writing and speaking about the issue anyway, but not nearly as much as she actually did. Ultimately, her work on the issue led to an influential 2006 article in *Health Affairs* calling for the establishment of a comparative effectiveness center and spelling out the shape it might take.
- Wilensky did not make strong claims about her own impact on the ACA. She noted that there were other policy analysts who had been pushing for similar ideas, although she also emphasized that nearly all were Democrats and that her support gave the idea an important degree of bipartisan credibility (Wilensky had served as director of Medicare and Medicaid and as a White House policy adviser for President H.W. Bush). Although Wilensky did not advise Congressional staff and lawmakers during the drafting of the ACA, the final provisions of the bill that included the establishment of PCORI matched her own ideas in several important ways, including having the institution be quasi-public and not directly touching on cost. She did

[178] Interview with John Craig, May 9, 2014.

have many conversations with Congressional staff in the period before the ACA was drafted and shared her ideas about comparative research with them. She also thinks it is quite likely, given the ways in which PCORI aligned closely with her own thinking outlined in *Health Affairs*, that her article informed lawmakers' views on the topic.[179]

- I asked Shawn Bishop, who was a senior staffer to Senator Max Baucus, Chairman of the Finance Committee and author of the sections on comparative effectiveness research (CER) in the bill that emerged out of the Senate Finance Committee, about Wilensky's impact on the legislation. She made clear that Wilensky's work was not the catalyst for the staff to draft a bill on CER. Their interest pre-dated the publication of Wilensky's article; they had included a minor CER provision in a larger bill in January 2007, which did not pass. But Bishop stressed that Wilensky's publications were "definitely influential in the Senate." Her article called for significant federal funding and "gave a strong argument for why more CER was needed. Writing a provision into a bill is not a statement or explanation of why something should be done. Wilensky did that and it created momentum on the topic." Bishop spoke to Wilensky only once about the Senate's CER bill and confirmed that Wilensky did not take on an advisory role. "Nevertheless, her article was influential and helpful in creating policy support for CER. And that gave us more room to write a bill that created PCORI." Bishop echoed Wilensky in emphasizing that her support lent the issue a degree of bipartisanship that was important in pushing it through Congress.[180]

Two other funders, smaller in scale than those discussed above, bear mentioning for the support they gave to health care advocacy and for the ways in which they leveraged funding to achieve significant impact. In these cases, because of the relatively modest scale of many of the grants, the most challenging question in the determination of impact is the counter-factual: how would the grantee's efforts toward health care reform have been different in the absence of the particular philanthropic funding; and how would that change have effected the broader reform campaign?

XII. **Public Welfare Foundation**

According to a 2010 annual report from the Public Welfare Foundation (PWF), "In 1992, the Foundation consolidated what had been a variety of projects to improve access and promote other changes in health care—specifically to help low-income people—into a unified Health Reform Program. That Program promoted an affordable health care system that could provide a range of services including prevention, long-term care, mental health and nutrition."

[179] Interview with Gail Wilensky, September 12, 2014; Gail Wilensky, "Developing a Center for Comparative Effectiveness Information," *Health Affairs* 25:6 (November 2006).
[180] Interview with Shawn Bishop, November 25, 2015.

According to the annual report, "When the Clinton administration tried unsuccessfully to get health care reform passed, efforts to improve the nation's health care system focused on the states. As a result, the Foundation invested heavily in developing and strengthening state consumer advocacy organizations to increase their ability to represent consumers in state-based health initiatives. The emphasis on consumers remained the hallmark of the Foundation's Health Reform Program." According to Terri Langston, who served as senior officer for health reform at the Foundation, for many of those years, PWF was the only national foundation supporting such advocacy groups with any consistency. A 2007 annual report noted that over the previous fifteen years, PWF had "nurtured 54 health reform advocacy organizations in 32 states." During that period, the foundation awarded 683 grants, totaling $36,162,100, most of them at the state-level. Many of these grants involved modules of four or five state-based organizations, with one lead advocacy organization, as well as a legal advocacy group, an organization that dealt with tax and fiscal issues, and a group that focused on state-based policy.[181]

Over the course of the 1990s, the PWF helped to build up a national network of state-based consumer advocates, which they brought together annually for national meetings to develop broader networks. During the 1990s and early 2000s, these groups pushed incremental health care reform, advocating, for instance, for S-CHIP, the State Children's Health Insurance Program. Among the state-level health care advocacy organizations that received early and essential general funding were Community Catalyst in Boston and Health Care for All, which were influential in securing passage of HCR in Massachusetts in 2006 (PWF also provided early support for the Affordable Care Today! Coalition, formed to push for legislation in the state).[182]

In an interview, Langston argued that PWF built up the organizational infrastructure over the course of a decade and a half that was then utilized and bolstered by HCAN in the years directly preceding the passage of the ACA (and which RWJF also built upon in its own Consumer Voices for Coverage initiative). She also suggested that this role posed something of a challenge for an evaluation of impact, since the work of early-stage funders tended to be overshadowed by the work of those who aggressively cultivate the field in the "home stretch." Funders like Atlantic and RWJF began supporting advocacy efforts when it became clear that a political window was opening; but the infrastructure that absorbed their funding had already been nurtured by PWF for more than a decade. Furthermore, PWF gave general operating support to these advocacy groups, and (unlike HCAN) did not impose any centralized or coordinated messaging or strategy on them. It is more difficult to determine the cumulative impact of this sort of uncoordinated funding, which tends to get swallowed up by the focus on Atlantic's and HCAN's more policy-targeted approach in accounts of the passage of the ACA.

- As Langston remarks: "PWF was there from the beginning, nursing the movement, giving operational, no-strings support to advocacy groups, so that

[181] Public Welfare Foundation, *Facing the Challenge:* 2010 Annual Report, p. 35; interview with Terri Langston, September 18, 2013; Public Welfare Foundation, *Change This*: 2007 Annual Report, p. 14.
[182] John McDonough, who headed HCFA, confirms that for a period before the passage of health reform in the state in 2006, PWF was the only funder supporting the organization. Email from John McDonough to Benjamin Soskis, July 3, 2014. Interview with Terri Langston, September 18, 2013; *Funding Makes A Difference: The Role of Philanthropy in Massachusetts's Journey to Health Care Reform* (Community Catalyst, 2009), 13, 21; Public Welfare Foundation, *Facing the Challenge: 2010 Annual Report*, 35.

they could be latter funded by others…Organizations couldn't sustain really good general directors if they didn't know that their salary and those of the staff would be guaranteed for a while." She notes, for instance, that PWF funded New York Citizen Action, paying the salary of Richard Kirsch for many years, before he became the head of HCAN. Atlantic Philanthropies, she claims, came in to support only "the end of Richard's long-term advocacy."[183]

- Even while granting Atlantic and HCAN a primary place in the narrative he presents on the role of funders and advocacy groups in the passage of the ACA, Kirsch himself acknowledged PWF's important contribution in an interview. "It's not in my book but it's important to note, for years the Public Welfare Foundation made a commitment to fund the development of state-based organizations working on the question of the uninsured at the state level. There were a great many of them that formed the field structure of HCAN and that had benefited from regular funding from PWF for years…They were the only foundation in the country doing it."[184]

PWF also funded national research and advocacy organizations, supporting their ability to offer technical assistance, as well as fiscal, legal and policy analysis, to state-based advocacy organizations. PWF funded, among other organizations, the Center for Budget and Policy Priorities (see below for more on the Center's impact), the National Health Law Program, the Pico National Network of faith-based community organizations, Consumers Union, and Community Catalyst.

With the promise of health reform legislation on the horizon, and as other national foundations began to direct funds toward health care advocacy (especially RWJF and its Consumer Voices for Coverage initiative), the field became more crowded and PWF shifted its focus to filling in funding gaps, placing particular emphasis on the South and Midwest, areas "where few foundations are engaged and where poverty, racial and ethnic disparities and large rural areas present formidable challenges for advocates."

- According to the 2010 annual report, "By 2007, other national funders were giving greater support to consumer advocacy in health care reform. Consequently, the Foundation decided to consolidate its Health Reform Program once again, keeping it consumer-focused, but targeted to two geographic areas encompassing 18 states—11 in the South, where some of the greatest disparities in health coverage existed, and seven mostly in the Midwest….Under this [Health Reform] program, the Foundation awarded 131 grants for a total of $18,330,000 from 2007 to 2010."[185]
- Many of these grantees participated in the HCAN coalition, but it is difficult to determine the degree of impact that such funding should be accorded within the broader framework of the advocacy campaign to pass the ACA. Additional work could be done here in looking at grantees that received funding from

[183] Interview with Terri Langston, September 18, 2013 (RWJF "stood on our shoulders in supporting advocacy").
[184] Interview with Richard Kirsch, September 3, 2013.
[185] Email from Terri Langston to Benjamin Soskis, July 8, 2014; Public Welfare Foundation, *Change This: 2007 Annual Report*, 14; Public Welfare Foundation, *2010 Annual Report*, 35-36.

PWF and that participated in HCAN to determine more clearly the proportions of philanthropic support from each source.

XIII. **Nathan Cummings Foundation**

The Nathan Cummings Foundation (NCF), like PWF, also directed funding toward state-based health advocacy organizations in the early 2000s, before the policy window had clearly opened for national HCR. According to Sara Kay, who directed the health program at NCF, the Foundation spent roughly $4 million per year on health reform in 2008 and 2009. It supported state-based advocacy groups, largely in the North and Midwest, many of which later joined the HCAN campaign. It also provided early funding for Health Care for All! in Massachusetts, supporting its work pushing for health care reform.[186]

NCF also supported Community Catalyst (CC), an organization that "provides technical assistance to state-based consumer health advocacy groups across the country," and that, according to Lauren LeRoy of Grantmakers In Health, had earned the respect of nearly all the major reform groups and funders for their experience "in the trenches." During some gatherings of funders and advocacy groups during the ACA campaign, LeRoy recalls, "if Community Catalyst wasn't involved, people would wonder why. They brought legitimacy to the whole effort." Heavily influenced by their experience with Massachusetts health care reform, Community Catalyst took the lead among advocacy groups in emphasizing the issue of affordability—both in terms of expanding eligibility for Medicaid and expanding the scope of the depth of the subsidies and cost sharing assistance provided by the law. Community Catalyst directed efforts toward the advocacy community as well as toward policymakers.[187]

- One senate source I spoke with confirmed that the organization was "influential" in this regard, especially on the issue of affordability.
- Another congressional staffer noted that CC was "really effective at communicating their experience from Massachusetts reform in 2006," especially around the issues of affordability and consumer assistance. At the time, Massachusetts reform represented "this innovative state policy, and the only one from which we could draw. So having their experience was really valuable." The staffer also recalled calling CC frequently with specific questions about Medicaid expansion and the workings of the private insurance exchanges. "I could call them and they could give me the information that I needed...You begin to develop an understanding of people who can give you credible, good quality work and those who are giving you high-level talking points."[188]

Community Catalyst also played an important role in revising language in the initial Senate HELP Committee bill in order to allow nonprofit organizations to be

[186] Interview with Sara Kay, October 10, 2013; Nathan Cummings Foundation, *Annual Report 2009*, p. 24.
[187] Interview with Mike Miller, November 17, 2014; Nathan Cummings Foundation, *Annual Report 2008*, p. 29; interview with Lauren LeRoy, June 25, 2014.
[188] Email from anonymous Senate staffer, November 24, 2014; interview with anonymous Congressional staffer.

included among those authorized to receive federal funding to provide consumer "navigator" assistance (the initial bill had limited the funding to state-base consumer groups). These nonprofit consumer navigators proved key during the implementation phase of the ACA. A congressional staffer confirmed CC's advocacy and assistance, but could not state whether the change would have been made absent their intervention.

NCF also funded the Cover All Families Campaign of the Pacific Institute for Community Organizations (PICO), a "national-congregation based network, comprised of 1,000 member institutions representing 1 million families in 150 cities and 17 states." During the campaign for the ACA, PICO organized a national tele-town hall with President Obama, with 140,000 people "listening in." (According to Richard Kirsch, the national press did not give the event sufficient attention). PICO also worked closely with Community Catalyst in pushing the affordability issue, though I have not conducted sufficient research to determine its general impact on the campaign.[189]

NCF also supported national research and advocacy organization, several of which took an active role in the campaign to pass the ACA.

The Center on Budget and Policy Priorities:

NCF gave the Center on Budget and Policy Priorities (CBPP) funding for health care projects throughout much of the 2000s. This funding, along with that of several other foundations [see below], allowed the Center to do important work that they tapped into during the drafting of the ACA. Once the political window to pass HCR opened, the funding also allowed the Center to bulk up its health care team, hiring two additional health care analysts at the time of the presidential election in 2008.

- Other foundations also gave CBPP funding during the period, with an eye toward health care reform, including the California Endowment, Atlantic Philanthropies, and the Packard Foundation (targeted to children's health), which was the organization's largest health funder.
- CBPP played two roles in the broad campaign to pass the ACA. The first was as an advocate for the need for reform. In this regard, its distinctive contribution was making the case, through detailed analysis, that rising health care costs posed the most serious long-term threat to the federal budget. This claim was invoked repeatedly by key Democrats, including President Obama.
    - In making the case for CBPP's contributions to the passage of the ACA, Robert Greenstein, the organization's founder and president, noted that while CBPP issued a substantial volume of materials making the case for health reform (and rebutting arguments raised about the ACA as it moved through Congress), many other organizations were conducting significant work around the country to build support for reform. It is therefore difficult, he concludes, to isolate the organization's distinct contributions.
- CBPP concentrated the majority of its efforts on the design and content of the legislation itself, especially the key details of both its coverage and its

[189] For another citation of contributions from Community Catalyst, see interview with Chris Jennings, May 27, 2014. Nathan Cummings Foundation, *Annual Report 2011*, p. 23; interview with anonymous Congressional staffer; interview with Mile Miller, November 17, 2014; Kirsch, *Fighting for Our Health*, 210, 320.

financing provisions. Because the field was less crowded in these efforts, the claims of impact that CBPP is able to make are some of the most detailed and precise of any that I have encountered—though I have not independently verified them.

- According to Greenstein, CBPP helped design several of the offsets that enabled the ACA's costs to be "paid for," and without which the law's subsidies for low- and moderate income people would have had to be cut back. As Greenstein notes: "Some of them I think we advanced the ball on how to do them, although in some cases, it's not as if [Congress] wouldn't have thought of them at all—one example is Medicare Advantage, where I think the savings were both larger and better designed because of our efforts over many months....And some of the other offsets in the final ACA weren't on policymakers' radar screen till we developed them."
- CBPP was the leading voice within the HCR-coalition pushing for the inclusion of a limit on so-called high-cost 'Cadillac health care plans' in the ACA, which represented a potential major cost offset in the legislation. Labor (as well as HCAN) opposed the measure and CBPP's supporting the provision upset a significant portion of the progressive base. CBPP published papers not only making the case for a limit on the plans, but also outlining specific ways that those limits should be designed to address various problems that the limits would otherwise cause (including various concerns that labor was raising). The CBPP papers pointed out problems in the design of various options for the provision being considered on Capitol Hill and identified ways to resolve them. This work, according to Greenstein, heavily influenced the design of the excise tax included in the final version of the ACA.
    - Greenstein: "Had we not got [the Cadillac tax], the subsidies would almost certainly have been smaller, because the bill couldn't get the votes to pass unless the costs were fully offset. It's also not clear that we could have passed the bill without the excise tax, because there were some moderate and conservative Democrats in the Senate for whom that [provision] was very important."
- CBPP worked with a number of governors and other groups to push the federal government to cover a higher share of the Medicaid expansion than the initial Senate version had mandated.
- In 2007-2009, CBPP developed a procedure to verify citizenship for Medicaid electronically so that administrators did not have to rely on paper documentation (CBPP demonstrated that a system based on paper documentation was resulting in tens of thousands of American citizens, especially children, being thrown off Medicaid). The same issue arose during deliberations over the ACA. When paper documentation requirements appeared in early Senate bills, CBPP was

able to convince legislators to incorporate the alternative electronic procedure they had designed and then helped tailor it to the ACA.

- CBPP raised strong objection to, and publicly castigated, a component of the employer mandate provision emerging in the Senate bill that CBPP found would provide an unintended incentive to employers to discriminate against low-income and minority applicants in hiring. After an initial period of denial on the part of the various Senate offices and the White House, the White House concurred with CBPP's analysis and at its request, CBPP approached the Business Roundtable to find a way to redesign the provision so that it would not incentivize employers in this manner—and to do so without causing the Business Roundtable to oppose the bill. The CBPP's policy fix won both the White House's and the Roundtable's approval and made it into the final version of the ACA.
- The CBPP produced a provision-by-provision memo at the end of 2009, detailing how the more-progressive House version of the health reform bill could be reconciled with the Senate version, in a way that would meet the goal of covering as many of the uninsured as possible, which CBPP sent to Democratic leaders and to the White House. According to Greenstein, "[House Speaker] Pelosi thought the memo was so valuable that at a key meeting of all House Democrats in early January, she read aloud segments of the memo and then sent every House Democrat a copy….Members of the House negotiating team referred to the Center's memo as 'the Bible.'"
- The memo provided a blueprint for reconciling the two versions, but the process had to be scrapped after the Scott Brown victory took away Democrats' filibuster-proof advantage in the Senate. At that point, CBPP outlined the procedures by which the ACA could be passed utilizing the budget reconciliation process. According to Greenstein, the White House and Democratic leaders in the Senate relied heavily on the memo to navigate through the process. CBPP also assisted the Democratic leadership and the White House in making changes in the final version of the ACA so that the budget reconciliation process could be used. (The reconciliation process is available only to bills that the CBO finds would not cause an increase in the deficit in the second decade after enactment, and in the final days before its passage in March 2010, the bill needed modification to reduce its costs in future decades.)[190]

USAction Education Fund:

[190] Nathan Cummings Foundation, *Annual Report 2005*, p. 28; Nathan Cummings Foundation, *Annual Report 2008*, p. 62; Nathan Cummings Foundation, *Annual Report 2009*, p. 60, 22; Nathan Cummings Foundation, *Annual Report 2010*, p. 66; interview with Robert Greenstein, Judy Solomon, and Edwin Park, July 21, 2014; Robert Greenstein email to Benjamin Soskis, October 1, 2014; the David and Lucile Packard Foundation Grants Database, accessed online at http://www.packard.org/what-we-fund/grants-database/center-on-budget-and-policy-priorities-2/.

In 2007, NCF gave a grant to the USAction Education Fund to help them plan a national health care campaign; plans for HCAN emerged out of these initial discussions. This funding included paying the salary of Richard Kirsch, who would go on to serve as HCAN's executive director.

- As Kirsch notes: "USAction was paying my salary for my time organizing HCAN. So the NCF funds were important in allowing me to spend the time putting together the whole organizing process. And it also supported other USAction staff who were spending a great deal of time on getting HCAN going."[191]

National Women's Law Center's Women and Health Reform Project:

NCF funding of the National Women's Law Center (NWLC) ($275,000 in December 2008) helped the organization work as part of the HCAN coalition. According to a 2008-2010 annual report from the NWLC, "As the only policy-focused women's organization on the steering committee of [HCAN], the Center ensured that women's health needs were included in the group's policy objectives and advocacy efforts." NWLC research was cited frequently in the press and by Congressional leaders and the White House; for key stretches of the campaign, as *U.S. News and World Report* noted, "women seem[ed] to be the driving force of health reform." According to the report, NWLC's advocacy was instrumental in getting prohibitions on insurance company "gender rating" (charging women higher premiums than men) included within the ACA, as well as requirements that individual health plans cover maternity care. The NWLC was also responsible for one of the most powerful rhetoric tropes and reform themes of the campaign, invoked by Speaker Nancy Pelosi on the House floor before the final vote on the ACA: "Being a woman is not a pre-existing condition."[192]

Judy Waxman, vice president for Health and Reproductive Rights at the NWLC, speculates that without NCF's funding, the organization "may not have had the resources to complete" many of the written materials (such as the two gender rating reports), activities in the states in support of the ACA, and NWLC's media outreach and social media campaigns (including the "Being a Woman is Not a Pre-Existing Condition" campaign). I have not independently confirmed these claims or attempted to determine precisely what portion of these activities relied on targeted or general philanthropic support.[193]

Herndon Alliance:

Along with the Public Welfare Foundation and the California Endowment, NCF was one of the major early funders of the Herndon Alliance, which *Politico* termed "the messaging arm of a vast center-left infrastructure pushing health care reform." The

---

[191] Nathan Cummings Foundation, *Annual Report 2008*, p. 27; Kirsch, *Fighting for Our Health*, 47-50; Richard Kirsch email to Benjamin Soskis, July 14, 2014.

[192] Interview with Karen Davenport and Judy Waxman, June 6, 2014; interview with Nancy Withbroe, June 16, 2014; *Expanding the Possibilities*, National Women's Law Center Annual Report, 2008-2010, 13, 14, accessed online at http://www.nwlc.org/sites/default/files/pdfs/nwlc2008-2010annualreport.pdf; "House Healthcare Bill Rewards Activism on Women's Issues," *U.S. News & World Report*, October 30, 2009, http://health.usnews.com/health-news/blogs/on-women/2009/10/30/house-healthcare-bill-rewards-activism-on-womens-issues.

[193] Email from Judy Waxman to Benjamin Soskis, July 16, 2014.

organization emerged out of a convening of around fifty health care advocates and organizations in early 2005 in Herndon, Virginia, in an effort to rethink the messaging on health care reform, which, the organizers believed, had not been done in a sophisticated enough manner during the Clinton effort. According to Bob Crittenden, the executive director of the Alliance, the idea for the gathering came out of a meeting between him and the president of the Nathan Cummings Foundation, and the "early funding" from NCF "is what got this thing off the ground."

- NCF, as well as the Public Welfare Foundation, contributed funds that allowed the stakeholders convening at Herndon to hire two prominent survey research firms to do polling and focus groups on attitudes toward health care and health care reform. (The California Endowment and the Missouri Foundation for Health also contributed funds). This research proved influential in shaping the subsequent messaging underlying the campaign for reform and helped reform proponents prepare for the attacks from reform's antagonists. As HCAN's Richard Kirsch explained to *Politico*, "The research from 2006 to 2007 was fundamental to helping shape our view of how to talk about health care and, generally, how progressives and Democrats talk about health care."[194]
    - Herndon-sponsored research encouraged the idea that "communitarian" arguments about the plight of the uninsured were not enough to activate voters who already had insurance. Voters needed to understand the change that health care reform would have on their own lives and not on some abstract class of the "uninsured." As Nathan Cumming's Sara Kay explained, "what a lot of the social science research was showing was that making people feel sad about the uninsured didn't make people want to cover them, it just made them happy that they weren't uninsured. An appeal to altruism was not an effective path…So there was a whole rethinking of how to frame it." This included an emphasis on cost containment, on the greater choices that would be available to consumers, on nondiscrimination toward pre-existing conditions, as well as on arguments about the importance of reform in promoting the nation's fiscal health.
    - Herndon survey research helped forge some of the key terms deployed by reform advocates during the campaign, including the "public plan" (the term used to describe the "public option" in the early days of the campaign, an alternative to the more problematic "government run") and "quality affordable health care."
    - Herndon encouraged a higher degree of collaboration and coordination on strategy and messaging among the disparate group of health care reformers than had existed before, and in this sense, contributed to the reform consensus.

[194] Kirsch, *Fighting For Our Health*, 39-46; The Nathan Cummings Foundation, "The Impact of Early Funding," accessed online at http://www.nathancummings.org/about-the-foundation/history/written-essays/impact-early-funding; Carrie Budoff Brown, "Obscure Group Shapes Reform Fight," *Politico*, April 1, 2009, accessed online at http://www.politico.com/news/stories/0309/20746.html.

- Richard Kirsch has stated that much of HCAN's campaign strategy was built upon Herndon's messaging work.[195]

XIV. **Philanthropy's role in passing the Massachusetts model of HCR**

When pressed to highlight philanthropic interventions that had clear and definite impact on the passage of ACA, Andy Hyman, who oversaw RWJF's efforts to expand health care coverage, pointed not only to his own foundation's contributions, but also suggested I look to the work done by the BlueCross BlueShield of Massachusetts Foundation in funding research done by the Urban Institute that led to the passage of HCR legislation in the state. "Put the two of them together in 2004-5," he explains, "and I believe you can see a meaningful impact on the debate that led to Chapter 58 [the Massachusetts health insurance reform law of 2006], which in turn helped advance the ACA. We're talking about relatively small investments, but it was just strategic and smart. Here we saw a funder and think tank create a model that led to Massachusetts health reform."[196]

Hyman was not alone in stressing the impact of philanthropy on the ACA via Massachusetts health care reform. There are two assertions that undergird this broader claim: one, that philanthropy played a leading role in helping to pass health care reform in Massachusetts in 2006; and two, that the passage of health care reform in Massachusetts had a strong impact on the passage of the ACA. As UNC health care expert Jonathan Oberlander explains, "[Philanthropy] played a role in helping to birth the Massachusetts model. And once the Massachusetts model succeeds politically, Democrats coalesce around it. And that's more important than a thousand reports: the fact that they had a plan they mostly agreed on." Both of these assertions regarding the impact of philanthropy and Massachusetts reform hold up well under closer scrutiny, especially the latter.[197]

Massachusetts Reform and the ACA:

According to Hyman, "With Massachusetts, we had the only evidence in the real world, so it gave policymakers working on national health reform an important reference point—in how it could work from both a policy and a political perspective." Tom Daschle, quoted in Steven Brill's account of the passage of the ACA, echoed this view. "Romneycare [Massachusetts health care reform] was the game changer. We could now see a plan that would extend coverage for all, not upset the private market, and attract broad bipartisan support." Other scholars and analysts offered a similar assessment. One senior Congressional aide credits the Massachusetts law with pushing the Democratic party toward a consensus on HCR. "Look at the 2004 presidential election and the Democrats' positions on Health Reform. They were all over the board in terms of what

---

[195] Brown, "Obscure Group Shapes Reform Fight; interview with Sara Kay, October 10, 2013; email from Sara Kay to author, October 21, 2014; comments from Richard Kirsch at "Health Reform: How Did We Get Here and What Lies Ahead," Atlantic Philanthropies panel discussion, May 19, 2010, accessed online at http://library.fora.tv/2010/05/19/Health_Reform_How_Did_We_Get_Here_and_What_Lies_Ahead.

[196] Interview with Andy Hyman, September 30, 2013.

[197] Interview with Jonathan Oberlander, September 5, 2014.

was an ideal solution….They were not consistent." The platforms of the major Democratic presidential candidates in 2008, on the other hand, "were all the same and they were all based on Massachusetts." As John McDonough explains in *Inside National Health Reform*, each candidate supported "deep and systemic health insurance market reform, a mandate on individuals to purchase insurance, subsidies to make insurance affordable, and an insurance 'exchange' to connect people easily with coverage."[198]

- The original draft of a bill created by the Senate Committee on Health, Education, Labor and Pensions (HELP) borrowed language directly from the Massachusetts statute. When HELP staffers and key stakeholders convened in October 2008, under the direction of Sen. Ted Kennedy, to hash out a reform consensus, they outlined three paths reform could take. According to McDonough, they termed the one around which a consensus ultimately formed "Massachusetts Avenue," "based on the key elements of the near-universal coverage law enacted in Massachusetts in 2006."
- Georgetown's Judy Feder emphasized the importance of having an actual policy model in place when discussing the ACA. During the Clinton years, when policy researchers discussed the possibility of a health insurance "exchange" or "marketplace," she recalls, politicians had little idea what they were referring to, though the idea had been bouncing around think tanks for several decades. But after Massachusetts passed its version of HCR, which included a state-based exchange, politicians became much more familiar with the idea (although she concedes that the spread of online marketplaces like Amazon and Kayak might have helped as well).[199]
- Philanthropy itself played a role in spreading the Massachusetts model as a viable basis for a reform consensus. Both the Commonwealth Fund and RWJF funded research and survey work on the effects of Massachusetts reform, conducted by the Urban Institute, that allowed the CBO to model the costs of the Affordable Care Act with more precision.[200]

Philanthropy and Massachusetts Health Care Reform:

How much credit should philanthropy receive for the passage of health care reform in Massachusetts? Several of the sources I consulted suggested that it deserved a significant share. A retrospective report published in January 2009 by Community Catalyst makes this case explicitly. According to the account presented in "Funding Makes A Difference: The Role of Philanthropy in Massachusetts's Journey to Health Care Reform," over the course of a quarter century, a collection of local and national funders laid the foundations for the passage of Chapter 58 in 2006. They did so by funding research, policy analysis, and consumer advocacy and by convening the major stakeholders and pushing them toward a reform consensus. As the report documents,

---

[198] Interview with Andy Hyman, September 30, 2013; Brill, *Bitter Pill*, 36; interview with senior Congressional aide, December 23, 2013; McDonough, *Inside National Health Reform*, 36-37.

[199] Starr, *Remedy and Reaction*, 206; McDonough, *Inside National Health Reform*, 35-37; interview with Judy Feder, November 4, 2013.

[200] For the reports on Massachusetts health care reform produced by the Urban Institute, see http://www.urban.org/policy-centers/health-policy-center/projects/health-care-reform-massachusetts. Interview with Jack Ebeler, October 8, 2013; Commonwealth Fund, *2008 Annual Report*, "State Innovations," 72; interview with John Lumpkin, June 23, 2014.

national and local foundations helped to establish a new balance of power between the stakeholders involved in health care, one in which consumer groups could assert their interests alongside hospital officials, physicians, insurance representatives and business groups. In the 1980s and 1990s, the Villers Foundation, the Boston Foundation, the Nathan Cummings Foundation and the Public Welfare Foundation, among others, helped to establish and then to support the growth of Health Care for All (HCFA), "a consumer advocacy organization that would play a major role in the state's health care reform efforts." In the decade before the passage of reform, HCFA cultivated relationships with and between doctors, hospital administrators, insurance officials, government officials and other consumer advocates, that foundations had built up over the last several decades (and which had led to successes in the 1990s in expanding health coverage for children, which became the model for S-CHIP). During that decade, philanthropy also helped to push onto the state's political agenda the cause of improving access to care for vulnerable populations. This drive culminated in a campaign, initiated in 2004, to take advantage of a particularly propitious political moment for reform and to provide coverage for all the state's uninsured.

The *Funding Makes A Difference* report explains the convergence of factors that led to reform:

- "As a result of a requirement in the state's federal Medicaid waiver, the state had to redirect funds that were being used to support 'safety net' hospitals that cared for many of the uninsured to pay for insurance coverage instead. The state stood to lose $385 million in Medicaid funds over two years if it did not pass a reform plan. Key business leaders had also begun to recognize that expanding health coverage was in the economic interests of the state. Finally, political leaders, including Gov. Mitt Romney, were looking to make their mark by expanding coverage and reinforcing Massachusetts' national leadership role in health policy."[201]
- With support from the Public Welfare Foundation and a handful of local funders, "HCFA convened a broad coalition that included consumers, patients, community and religious organizations, businesses, labor unions, doctors, hospitals, health plans, and community health centers to form a new coalition, the Affordable Care Today (ACT!) Coalition, dedicated to advancing health reform in Massachusetts." ACT! put pressure on the state legislature to pass a health reform bill by pushing a 2006 ballot initiative that would have required a much more substantial payroll tax-based contribution from employers to fund expanded health coverage.
- The effort to pass HCR in the state was also given a boost with the creation in 2001 of the BCBSMA Foundation by Blue Cross Blue Shield of Massachusetts, whose aim was expanding access to health care. The BCBSMA Foundation supported the advocacy work of HCFA and ACT! and helped seed new grassroots membership organizations that took a leading role in pushing for reform. According to the *Funding Makes a Difference* report, it also "developed a focused, multi-year strategy to significantly expand health

[201] Cohn, "How They Did It," 16 ("Under a special arrangement the state had previously made with the federal government, it stood to lose billions in aid unless lawmakers found a way to increase the number of people with health insurance."); *Funding Makes A Difference*, 6, 13, 18, 19, 21.

coverage in Massachusetts. The Foundation funded 'Roadmap to Coverage,' a three-year initiative to develop concrete solutions for covering the uninsured and to constructively engage stakeholders in the policy debate." As part of this effort, the Foundation commissioned research from the Urban Institute on the options for reform; the results were published in a series of reports that were released at public forums where the major stakeholders discussed the policy options and unveiled their own policy preferences. A mix of national and local funders also helped fund the implementation of the law.[202]

An account of the passage of health care reform in Massachusetts by health care journalist Irene Wielawski, funded by the Blue Cross Blue Shield of Massachusetts Foundation, also gives considerable causal weight to philanthropy.

- Wielawski does not provide a clear indication of the impact of the consumer advocacy groups, such as the ACT! coalition, funded by local and national philanthropy, on the political process. She cites John McDonough, who at the time served as executive director of HCFA, who claims that the threat of a ballot initiative organized by ACT! helped convince the business community to become more serious about health reform. But she also reports that some representatives from the business community dispute this characterization and claim that employers seemed to have appreciated the need for reform independent of advocates' pressure.
- Wielawski delivers a more direct account of philanthropy's impact in funding the analysis of the flow of public and private health dollars in the state, which helped to build the business case for reform.
    - As she notes, "A critically important leavening agent in the reform debate was a series of research reports produced by the Blue Cross Blue Shield of Massachusetts Foundation, a corporate charity set up in 2001 by the state's dominant insurer to address issues of health care access. The Foundation makes the customary grants to organizations that provide services to uninsured patients and other vulnerable populations. But in 2004, it also began investing in research to test the economic feasibility of universal coverage, publishing three reports between November 2004 and October 2005 under the logo 'Roadmap to Coverage.' The data, analysis and proposals in the reports were prepared by the Urban Institute, a policy research organization in Washington D.C."
    - "The Roadmap' reports generated by the Foundation provided new detail about specific and overall costs, as well as the reach of existing safety net programs. They also laid out strategies—with price tags—to achieve universal coverage, and projected potential benefits from doing so. For example, Bay Staters learned from the first 'Roadmap' report, released in November, 2004, that they already were paying $1.1 billion for medical services to the uninsured. Universal coverage would require an additional $700 to $900 million, the report said, but could yield an economic benefit of $1.5 billion from improved health

[202] *Funding Makes a Difference*, 21, 22, 23; interview with Jonathan Gruber, July 22, 2014.

and productivity. These numbers ended up being useful tools in the reform debate. Participants say they subdued long running—and distracting—cost/benefit arguments between interest groups."

- Wielawski writes that the reports had instant credibility among nearly all stakeholders and that the reform strategies outlined in the reports, even controversial ones, received a respectful reception. "A case in point is the individual mandate. Derided by some as a fringe notion of the political right when Gov. Romney proposed it, its inclusion in a 2005 [BCBS] Foundation report led to calmer deliberation. The 2006 law ultimately incorporated the individual mandate as a logical complement to employer responsibilities for insurance." The major political players—the governor, the Senate president and House speaker—used the Roadmap forums to unveil their own policy proposals.[203]

While Wielawski does in fact highlight the important role played by philanthropy in the passage of health care reform in the state, she assigns the largest causal weight to the exceptional political situation—the potential loss to Massachusetts of $1.2 billion in federal health care revenue if the state did not expand coverage—along with recent double-digit increases in health insurance premiums, which together pressured the state's political and business leadership to embrace reform.

This assessment is consistent with some of the other accounts of the passage of Chapter 58, such as those from Princeton sociologist Paul Starr and from John McDonough. Each places Massachusetts reform in the context of the passage of the ACA, and notes philanthropy's contributions, but does not necessarily assign it an especially dominant role (and this is especially noteworthy in McDonough's case, since he himself served as the head of HCFA, the leading health advocacy organization funded by philanthropy). In his section on Massachusetts reform, Starr notes that the BCBS of MA Foundation "commissioned studies on the state's uninsured" from the Urban Institute and "began bringing together the state's medical, business, and political leaders at periodic meetings to spur another effort at reform." But he does not elaborate on the impact this convening might have had on the reform effort. McDonough writes that the policy summits sponsored by the Urban Institute and funded by the BCBS of MA Foundation brought "attention to the issue [of universal coverage] and…provide[d] a stage for political leaders to address the issue." Yet both Starr and McDonough place even more causal weight on, and grant more narrative prominence to, the business

[203] Jonathan Gruber, an MIT economist who worked closely with Gov. Romney in crafting a reform proposal, confirmed this appraisal of the Roadmap reports' contributions. He did not recall relying on them in his work with the Governor, but he did think that they played an important role in legitimating the idea of the individual mandate to the advocacy community. Interview with Jonathan Gruber, July 22, 2014 ("I don't know that Romney or his people paid much attention to the Roadmap, but I think it played a big role in the advocacy community"). Irene M. Wielawski, *Forging Consensus: The Path to Health Reform in Massachusetts* (July 2007), p. 24, 27, 30, 32 available at http://bluecrossmafoundation.org/sites/default/files/070700ForgingConsensusWielawski.pdf

community and the bipartisan political leadership, all of whom endorsed reform, due to the political and economic exigencies discussed above.[204]

This is not to suggest that those who pointed to Massachusetts reform as an especially impressive example of philanthropic impact were wrong to do so. The policy arena was less crowded and the stakeholders more cohesive than they were in the campaign for national reform, enabling a clearer narrative to form of philanthropy's distinctive contributions and place in the state campaign. But even in this more circumscribed arena, it is still difficult to isolate those contributions from multiple other factors and to assign their causal weight with any real precision. The counter-factual challenge of whether Chapter 58 might have passed even absent philanthropy's role cannot be banished satisfactorily. As with analysis of the national campaign, the sources suggests that philanthropy made a definite contribution to the Massachusetts reform campaign. But "beyond that, it gets a little fuzzy."[205]

---

[204] Wielawski, *Forging Consensus*, 16, 18-19; Starr, *Remedy and Reaction*, 167; McDonough, *Inside National Health Reform*, 38 (quote), 39 ("At that moment, the state's mundane desire to retain federal dollars merged with the policy goal of universal coverage to create a new policy imperative.").

[205] It is also worth mentioning the role of the Heritage Foundation in the passage of Massachusetts health reform. Romney's initial plan was prepared by Heritage's Stuart Butler and included an individual mandate and a health exchange, policies that Heritage scholars had helped to devise and promote. Jonathan Gruber has noted that the "seeds" of several of the main policies within Chapter 58 were planted by Heritage; as he wrote in an email, Heritage should "get a lot of credit for intellectual development of the policies." In fact, at one October 2011 Republican presidential debate, Mitt Romney defended his support for the individual mandate by claiming that he had "got it" from Heritage, an organization that many of the other nominees supported. Democrats have made much of this history, and have perhaps overemphasized Heritage's paternity, thinking that it exposes conservatives' cynicism in attacking the ACA. Many conservatives, meanwhile, have disowned and sought to downplay any claim that Heritage helped give birth to policies at the root of the ACA. But it is clear that Heritage did play some role, and its incorporation into the narrative represents the ways in which research-based and policy-directed philanthropy (i.e., conservative donors to Heritage) can have unintended political consequences that confound the partisan divide. For more on Heritage's place in the narrative of the passage of the ACA—and the institution's desire to extract itself from it—see http://www.politifact.com/truth-o-meter/statements/2010/apr/01/barack-obama/obama-says-heritage-foundation-source-health-excha/; James Taranto, "ObamaCare's Heritage," *WSJ Online*, October 19, 2011; Avik Roy, "The Tortuous History of Conservatives and the Individual Mandate," *Forbes.com* February 7, 2012, accessed at http://www.forbes.com/sites/theapothecary/2012/02/07/the-tortuous-conservative-history-of-the-individual-mandate/; Brill, *America's Bitter Pill*, 31-32. Interview with Jonathan Gruber, July 22, 2014; email from Jonathan Gruber, September 16, 2014; interview with Judy Feder, November 4, 2013.

APPENDIX A: Interview List

[several sources wished to remain anonymous and were not included in this list]

• **Shawn Bishop**, staff, Senate Finance Committee, 2005-2010 (11/25/2014)

• **Robert Blendon**, Richard L. Menschel Professor of Public Health; Professor of Health Policy and Political Analysis, Dept. of Health Policy and Management, Harvard School of Public Health; co-editor, *American Public Opinion and Health Care* (7/23/2014)

• **Jonathan Cohn**, senior editor, *The New Republic* (6/3/2013)

• **John Craig**, COO and executive vice president, Commonwealth Fund, 1992-2014 (May 9, 2014)

• **Dan Cramer**, co-founder, Grassroots Solutions; author (with Tom Novick) of *HCAN Evaluation* (11/13/2013)

• **Karen Davenport**, senior program officer, Robert Wood Johnson Foundation, 1999-2004; director of health policy, Center for American Progress, 2005-2011; director of health policy, National Women's Law Center, 2012- (6/6/2014)

• **Jack Ebeler**, senior advisor for health policy, House Energy and Commerce Committee, 2009-2010; director, health care group, Robert Wood Johnson Foundation, 1998-2001 (10/8/2013)

• **Judy Feder**, professor of public policy, Georgetown University; senior fellow, Center for American Progress, 2008-2011 (11/4/2013)

• **Elliott Fisher**, Director of Dartmouth Institute for Health Policy & Clinical Practice (7/2/2014)

• **Liz Fowler**, chief health counsel, U.S. Senate Finance Committee, 2008-2010 (12/23/2013)

• **Robert Greenstein**, founder and president, Center on Budget and Policy Priorities (7/21/2014)

• **Jonathan Gruber**, professor, MIT; Director, Health Care Program, National Bureau of Economic Research (7/22/2014)

• **Andy Hyman**, senior program officer, Robert Wood Johnson Foundation, 2006- (9/30/2013, 6/17/2014)

• **Chris Jennings**, Deputy Assistant to President Obama for Health Policy and Coordinator of Health Reform, 2014; president, Jennings Policy Strategies, 2001-2013 (5/27/2014)

• **Sara Kay**, Director, Health Programs, Nathan Cummings Foundation, 2005-2012 (10/10/2013)

• **Richard Kirsch**, executive director, HCAN, 2007-2010 (9/3/2013)

• **Terri Langston**, senior program officer for Health Reform, Public Welfare Foundation, 2006-2010 (9/18/2013)

• **Lauren LeRoy**, president, Grantmakers In Health, 1998-2012 (6/25/2014)

• **John Lumpkin**, senior vice president, Robert Wood Johnson Foundation, 2003- (6/23/2014)

• **Ben Marter**, Communications Director, U.S. Congresswoman Betsy Markey, 2009-2011 (9/25/2013)

• **Doneg McDonough,** legislative and policy director, HCAN, 2008-2010 (March 11, 2014)

• **John McDonough**, Professor of the Practice of Public Health, Department of Health Policy and Management, Harvard School of Public Health; Senior Advisor on National Health Reform to the U.S. Senate Committee on Health, Education, Labor and Pensions, 2008-2010; Executive Director, Health Care for All, 2003-2008 (10/3/2013)

• **Michael Miller**, policy director, Community Catalyst, 2003- (10/31/2013, 11/17/2014)

• **David Morse**, vice president, Communications, Robert Wood Johnson Foundation, 2001-2011 (6/18/2014)

• **Len Nichols**, Professor of Health Policy at George Mason University, 2010-; director of the Health Policy Program at the New America Foundation, 2005-2010; Vice President, Center for Studying Health System Change, 2001-2005 (9/26/2013)

• **Tom Novick**, principal, M&R Strategic Services; author (with Dan Cramer) of *HCAN Evaluation* (11/13/2013)

• **Jonathan Oberlander**, Professor & Vice Chair, Department of Social Medicine, UNC School of Medicine (9/05/2014)

• **Wendell Primus**, senior policy adviser for health issues, U.S. House of Representatives (1/29/2014)

• **Stuart Schear**, communications and policy executive, Atlantic Philanthropies, 2006-2009; senior communications officer, Robert Wood Johnson Foundation, 1998-2005 (8/11/2014)

• **Bob Shapiro**, professor, Dept. of Political Science, Columbia University (7/21/14)

• **Theda Skocpol**, Victor S. Thomas Professor of Government and Sociology at Harvard University (9/25/2013)

• **Marc Stier**, PA State Director, HCAN, 2008-2011 (2/28/2014)

• **Judy Waxman**, vice president for health and reproductive rights, National Women's Law Center, 2003-2014; deputy executive director, Families USA, 1991-2003(June 6, 2014)

• **Gail Wilensky**, senior fellow, Project Hope, 1993- (9/12/2014)

• **Nancy Withbroe**, vice president for development and strategy, National Women's Law Center, 2013- (June 16, 2014)